



# **EVALUATION OF VOLUNTARY HIV COUNSELLING AND TESTING SERVICES IN SERBIA**

**Expert Centre for Mental Health and HIV/AIDS in Serbia**

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## **Mission statement on Mental Health and HIV/AIDS**

### **Mental health and HIV/AIDS**

Mental illness is inextricably linked to HIV/AIDS, as a cause factor and as a consequence, while mental health treatment and support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection. The issue is of particular concern to central and Eastern Europe and the Newly Independent States, where the AIDS epidemic is growing fast while rates of mental illness are also rising, and the limited resources and facilities available to treat both conditions pose major challenges.

### **Addressing the needs**

The GIP Mental Health & HIV/AIDS project is a project of the Global Initiative on Psychiatry that addresses the often-overlooked connection between mental health and HIV/AIDS. The Network supports efforts to improve the quality of life and to diminish the suffering of people with HIV/AIDS. The Network strives for increased knowledge regarding the overlap between mental health and HIV/AIDS, and promotes the development of a comprehensive system of mental health assistance to people affected by HIV/AIDS. Furthermore, it supports efforts to increase the understanding of the general public and health professionals and to decrease the stigma associated with mental illness and HIV/AIDS. The Network works through local expert centres that focus their work on research and training, advocacy and awareness building, networking and a wide variety of other interventions.

### **Global Initiative on Psychiatry**

Global Initiative on Psychiatry aims to promote humane, ethical, and effective mental health care through the world, and is particularly active in countries where mental health care is still usually substandard and where patients' human rights are frequently violated. Their work is based upon the underlying principle that every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract the stigmatisation of and discrimination against, people with mental disorders or histories of mental health treatment.

## **Abbreviations**

AIDS – Acquired Immunodeficiency Syndrome

ARV-antiretroviral

CAFOD - Catholic Agency for Overseas Development

CIDA – Canadian International Development Agency

CRIS – Country Response Information System

CCM – Country Coordination Mechanism

GFATM - Global Fund to Fight AIDS, tuberculosis and malaria

GIP- Global Initiative in Psychiatry

GO – Governmental Organization

HAART – High Active Antiretroviral Therapy

HIV – Human Immunodeficiency Virus

HPVPI-HIV prevention among Vulnerable Population Initiative

IAN – International Aid Network

IDU – Injecting drug user

ISH – Institute for Student’s Health

IPH – Institute for Public Health

NGO – Non-governmental Organization

PLHIV – Persons living with HIV/AIDS

RAC – Republican AIDS Committee

STI – Sexually transmitted infections

SW – Sex worker

UNAIDS – The Joint Nations Programme on HIV/AIDS

UNICEF – United Nation Children’s Fund

VCT - Voluntary counselling and testing

WHO - World Health Organization

## **Acknowledgments**

This report has been developed following research activities organized by the Expert Centre for Mental Health and HIV/AIDS in Serbia as part of the project “Mental health and HIV/AIDS in South Eastern Europe, the Caucasus and Central Asia” implemented by GIP and supported by the Ministry of Foreign Affairs of The Netherlands. We would like to thank GIP for their support in preparing this report and the Ministry of Foreign Affairs of The Netherlands for having the understanding to support efforts in the field of mental health and HIV, as this has been a much neglected field.

In research activities we have received much assistance from our colleagues from the Serbian Expert Centre’s parent organization, International Aid Network (IAN) and its staff involved in developing VCT in Serbia. Also, we owe our gratitude to partners from Institute for Student’s Health (ISH) in Belgrade, head of prevention and epidemiological department dr. Mila Paunic and dr. Dragan Ilic, and VCT counsellors from the VCT centre in ISH on their kind and generous support in all phases of this research.

This report was written thanks to the other professionals who are active in the area of voluntary counselling and testing: managers and counsellors from Institutes for Public Health in the country, representatives of International organizations (UNAIDS and UNICEF) and non-governmental sector (JAZAS, Youth of JAZAS and VEZA).

And finally, the special gratitude we owe to the clients from VCT centre who agreed to participate in the study, for their understanding and trust, for letting us observe counselling sessions and became part of this confidential and delicate setting.

# 1. INTRODUCTION

## ***1.1. The context of evaluating Voluntary Counselling and Testing***

Many approaches to HIV prevention and care require people to know their HIV status. The importance of voluntary counselling and testing (VCT) has brought about the wider promotion and development of VCT services<sup>1</sup>.

Voluntary HIV counselling and testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential.

VCT provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counselling and referral for ongoing emotional support and medical care. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV-associated illnesses. Pregnant women who are aware of their seropositive status can prevent transmission to their infants. Knowledge of HIV serostatus can also help people to make decisions to protect themselves and their sexual partners from infection.

Voluntary Counselling and Testing was introduced in Serbia after democratic changes in 2000, when conditions for systematic and more active approach in the fight against HIV/AIDS were set. According to the available data Serbia is country with the low prevalence of HIV infections (estimated HIV prevalence is 0.05-0.1%). On the other hand, the testing rate was quite low - in 2005 testing rate was 4.7 per 1000 persons.

The fact that Serbia had the lowest number of HIV tested people per capita during the years, as well as the fact that 56%<sup>2</sup> of people who are living with HIV discovered their

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<sup>1</sup> The impact of Voluntary Counselling and Testing, A global review of the benefits and challenges, UNAIDS, June 2001

<sup>2</sup> Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”, Centre for prevention and disease control (2007): Epidemiological Overview of HIV/AIDS in Serbia 1984-2006, Danijela Simic, available in Serbian

HIV positive status when they developed clear symptoms of AIDS, required new approach to HIV testing in Serbia.

The Government of the Republic of Serbia formed the committee for Fight against HIV/AIDS in 2004, which made and approved the first national strategy for fight against HIV/AIDS for the period 2005-2010.<sup>3</sup> Within this strategic document voluntary counselling and testing has been recognized as one of the key components for monitoring HIV epidemic in Serbia. Although HIV testing was supported by the national strategy, both the benefits from counselling were not recognized as well as the importance of developing quality VCT service; the greater support was focused on HIV testing. Recommendations of the WHO and UNAIDS for VCT development have not been followed, or they are partially followed.

Professionals working in HIV testing services consider that HIV testing alone is not enough; they realized the critical role of counselling before and after HIV testing.

There were two initiatives regarding the development of VCT practice in accordance to UNAIDS and WHO recommendations, described in detail in this study. Both initiatives came from international agencies, without strong governmental financial and technical support. Lack of government commitment resulted in different quality of VCT services, reflecting the different degree of institutional interest and enthusiasm of professionals involved.

Counselling and testing of HIV is still not a common practice in Serbia, although there is a growing need, not just for HIV prevention, but for providing adequate access to care and support for those who test positive. The multiple benefits of counselling and testing (influence on behaviour change, support of personal decisions, provision of emotional support, early access to care and treatment) have not been recognized in Serbia.

All players engaged in the field of VCT development in Serbia should be encouraged to continue their efforts in wider promotion of VCT services and continuous quality improvement of those services. This study represents an attempt to contribute this ultimate goal.

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<sup>3</sup> Unfortunately, the action plan for implementing the National strategy was not fully developed due to insufficient funds.

## ***1.2. GIP mental health and HIV/AIDS project***

This report has been written within the framework of the project “**Mental health and HIV/AIDS in South-eastern Europe, Caucasus and Central Asia**”, which is carried out by the **Expert Centre for Mental Health and HIV/AIDS** and the Global Initiative in Psychiatry- GIP with the support of The Ministry of Foreign Affairs of Holland and the Institute for Open Society, for the period 2005-2008.

The aim of the project “Mental health and HIV/AIDS in South-eastern Europe, Caucasus and Central Asia” is to improve the quality of life and to decrease the suffering of persons living with HIV/AIDS, who have problems with their mental health, as well as their partners, caregivers and their families.

This study represents one step forward in fulfilling this goal in Serbia, through the evaluation of Voluntary Counselling and Testing (VCT) services in Serbia.

### ***1.3. The objectives of the study***

The objectives of this research are:

- To evaluate the quality of VCT services in Serbia
- To evaluate the national readiness for VCT development in Serbia
- To evaluate counsellor's training and requirements
- To recommend actions that need to be done by government, governmental, and non governmental organisations, in order to improve VCT in Serbia

## **1.4. Overview of the report**

This report describes research done to evaluate existing services that provide voluntary counselling and testing on HIV in Serbia. The major issues covered by this report are:

- Overview of country context, HIV epidemic and development of VCT services in Serbia
- The uptake of VCT services (utilisation profile of VCT clients and referral network description)
- Overview of policy documents related to VCT, evaluation of counselling protocol adequacy and client satisfaction
- Staff performance and training (their selection for the job, roles, training, job satisfaction, support and supervision)
- Finally, drawing from the conclusion, recommendations for program and policy makers, on different levels, were given

## **1.5. The HIV/AIDS epidemic and development of VCT in Serbia**

From 1984 to November 20<sup>th</sup> 2007 there were registered 2178 HIV infected persons and 1381 (63%) of them have already had AIDS, while 917 have died of AIDS. According to the estimates of UNAIDS, in Serbia and Montenegro there are about 10 000 (6 -17. 000)<sup>4</sup> HIV infected people. Predominantly, HIV positive people are grouped (90%) in the territory of the central Serbia, mostly in Belgrade (80%), since risky behaviour is the most eminent there, but also, most people are tested in Belgrade.

From 1997 a continuous decrease in the number of those who died from AIDS was recorded. It was the result of highly active anti-retroviral therapy (HAART) usage, which became available from 1997, and the free of charge availability. About 600 people currently have access to HIV treatment in Serbia and Montenegro.

However, the decrease in the number of people with AIDS, and of those who died from it, are not followed with the decrease in number of newly discovered HIV infected, so with the prolonged life span the general amount of those who live with HIV is also rising.

The majority of the registered HIV positive persons, 70% of them, are between 20 and 39 years of age.<sup>5</sup>

The epidemiological situation in Serbia is characterized by a declining trend in the number of infected persons among intravenous drug users; on the other hand, growth in the number of infected among heterosexuals and MSM is quite evident in the past ten years.

At the beginning of HIV epidemic in Serbia, the referent institution for HIV testing was the institute for Infectious and Tropical diseases in Belgrade, offering both preliminary and confirmatory HIV testing as well as the treatment. Epidemiological departments of the institutes for Public Health in Serbia<sup>6</sup> also offered preliminary HIV testing, but all confirmatory tests were performed at the Institute for Infectious and Tropical diseases in Belgrade. Till 2002, counselling before and after HIV testing was not offered and VCT was not recognized in the country as an important tool for fighting HIV.

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<sup>4</sup> <http://www.unaids.org/>

<sup>5</sup> Institute of Public Health of Serbia "Dr Milan Jovanovic Batut", Centre for prevention and disease control (2007): *Epidemiological Overview of HIV/AIDS in Serbia 1984-2006*, Danijela Simic, available in Serbian

<sup>6</sup> There were 22 Institutes of Public Health in whole Serbia

The first initiative for VCT development came from UNICEF in 2002. Within the project of establishing counselling services for young people in Serbia, UNICEF introduced VCT as an HIV prevention tool for young people. Jointly with Institute for Students' Health in Belgrade, UNICEF organized the first training for Voluntary Confidential Counselling and HIV Testing. Training participants were key health professionals and non-governmental organisations (NGO) representatives working in the field of HIV, primarily with young people. The training was designed to provide the participants information about HIV/AIDS, including universal precautions, VCT standards, protocols and legislation, and VCT in the context of Youth friendly health services (YFHS). Furthermore, counselling skills were practiced.

The training concluded that:

- In the HIV testing centres pre and post testing counselling (in which counsellor and client develop real conversation and relationship that could help client to assess/change his/her behaviour) was not offered
- Getting information about clients risk behaviour and attempt to convince them to use condoms were the main tasks of counsellors
- Confidentiality was not protected and there was no room for anonymous HIV testing
- HIV testing procedures in the country were not clear; referral was not developed and its importance was not stressed in the practice

Following this UNICEF training, counselling began to be conducted systematically according to World Health Organisation (WHO) guidelines and counselling department in the Institute for Students' Health grew into a Centre for HIV/AIDS and STIs prevention.

Partnerships between UNICEF and the Centre at ISH enabled promotion of the counseling as an integral part of HIV testing procedures and recognition of VCT as one of the key strategies in HIV prevention. The Center at ISH became a training center that built the capacities of professionals working as counselors in other VCT centers in the following years.

Since March 2004 the Centre has developed a close partnership with the NGO, International Aid Network (IAN), with support from two international agencies: Catholic Agency for Overseas Development (CAFOD) and the Canadian International Development

Agency (CIDA). Jointly with IAN and CAFOD, the Institute for Students' Health further the process of VCT service development, in accordance with recommendations of UNAIDS and WHO. The focus of this initiative was on counselling as a tool that could provide circumstances for changing risk behaviour. High quality counselling was fostered by regular support, supervision and education, basic and advanced, for counsellors.

In addition, efforts were made to develop the referral system and outreach VCT for injecting drug users and sex workers. The VCT centre in the Institute for Students' Health became a place of good practice; the number of clients approaching the service had been increasing constantly. This model of good VCT practice has been introduced in other parts of the country. ISH centre was a basis for development of other VCT centres, especially in Novi Sad, Nis, Subotica and Vranje.

In practice, all these centres in the Institutes of Public Health are looking more like the VCT Centre in Belgrade IPH, sharing the specific procedures within each institution, but different from Institute for Student's Health .

VCT was never introduced in private laboratories because there were no obligatory regulations set around HIV testing due to the fact that Ministry of Health does not regulate the work of private laboratories nor does it control the quality of the services provided.

VCT development and implementation of good VCT practice is a slow and non-systematic process, with questionable sustainability and lacking in governmental commitment and financial support. Support from the level of national coordinating mechanisms (National Aids Committee, Ministry of Health) although meaningful, in terms of financial support and interest to further VCT development within IPHs, was not aimed at comprehensive VCT practice development in Serbia. In turn, this approach affected sustainability and further development of the services.

## **2. STUDY DESIGN AND METHODOLOGY**

### **2.1. Research setting**

The outcome of voluntary counselling and testing development are VCT centres with different levels of development. The research team decided to conduct a comprehensive evaluation only for the VCT centre at Institute for Students' Health that has developed many aspects of quality VCT service (regular supervision, education, on-going care for counsellors) using UNAIDS tools for evaluation.<sup>7</sup> Evaluation of other testing centres was carried out via telephone questionnaire, designed for the research purposes (see Appendix 2.)

These centres have not been evaluated comprehensively. Evaluation of these testing centres covered relevant aspects, which reflect VCT service developmental stage.

Also, the research team visited two VCT services available in Belgrade (VCT service in Institute for Students' Health and VCT service in Institute for Public Health of Belgrade), and one VCT site in the field (VCT with injecting drug users).

### **2.2. Data collection and methods utilized**

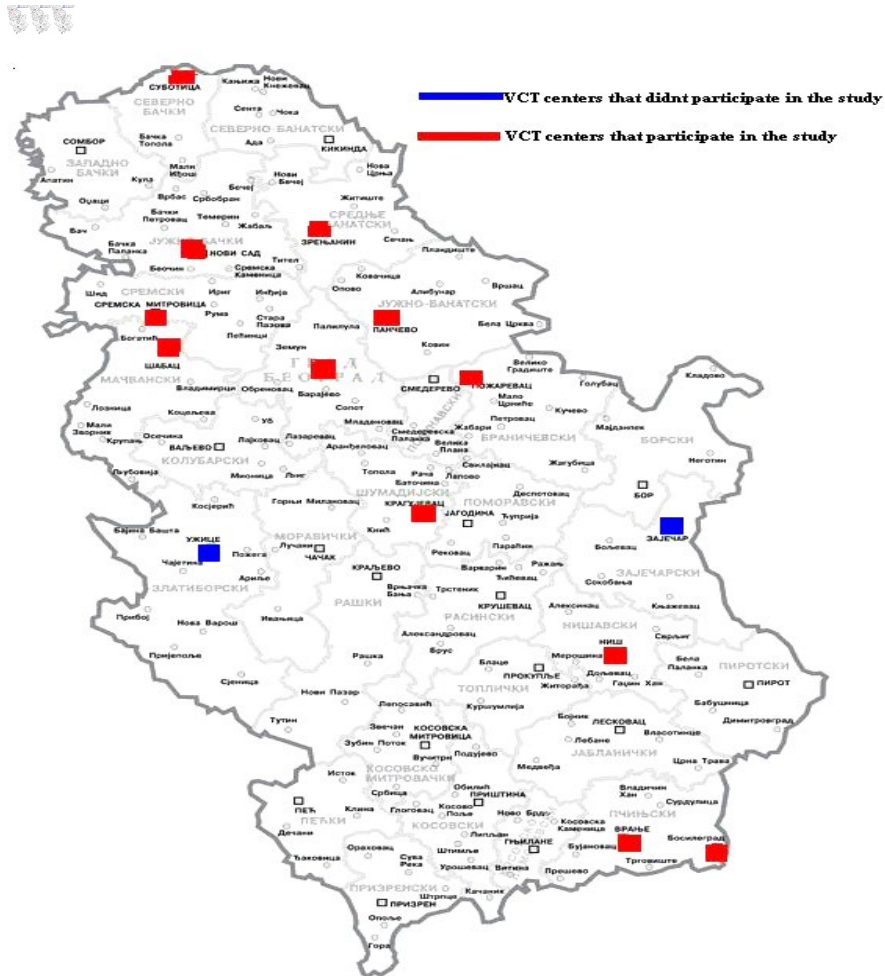
The study began with a review of relevant literature: National strategy for HIV/AIDS, National VCT guide, The Guide of good practice in VCT and Counselling for HIV testing book. In the beginning the research team tried to obtain the official information on the number of VCT centres. At that time, no data was available.

UNAIDS tools for evaluation (section 1, 2, 3) were emailed to 11 VCT centres, with whom EC had already established contact. Only two VCT centres responded: in Subotica and Vranje. Because of that, VCT centres were contacted via telephone and additional information was received through telephone interviews (See Appendix 2).

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<sup>7</sup> UNAIDS(2000): Tools for evaluating HIV voluntary counselling and testing

The research team conducted interviews with 9 VCT centres, that were willing to cooperate and take part in the research (Kragujevac, Pozarevac, Nis, Zrenjanin, Novi Sad, Bosilegrad, Pancevo, Sremska Mitrovica, Sabac).



## Interviews

- Open interviews were conducted with some of the stakeholders, with the aim to identify national readiness for VCT development as well as the process of VCT guide development (UNICEF, UNAIDS, RAC representative, representatives of NGOs involved in VCT in Serbia) (see Appendix 1).
- Open interviews with 4 VCT trainers were conducted , in order to evaluate delivered VCT trainings in Serbia

### **Exit Interviews**

The exit interviews for evaluating client satisfaction were conducted in the VCT centre in the Institute for Students' Health and during the outreach VCT activities, at the drop in centre for injecting drug users. Thirty four exit interviews were completed.

### **Counselling session observation**

The research team observed 10 counselling sessions at the VCT centre in the Institute for Students' Health. Because of the fact that centres outside Belgrade usually have only one or two clients per day and one or two counsellors, client satisfaction was carried out only for VCT centre located at Belgrade Institute for Student's Health.

Since we did not encounter difficulty with acceptance of having counselling sessions observed, alternative methods of assessing counselling sessions were not used (dummy patients methodology etc.)

## ***2.3. Selection and training of the research team members***

All members of the research team were previously actively engaged in the development of VCT practice in Serbia and had experience as counsellors in voluntary counselling and testing on HIV. It was considered this could be an advantage for the purpose of the study, considering the experience of direct involvement in VCT service development, in depth understanding of issues and recognition by the stakeholders.

Natasa Cvetkovic-Jovic, psychologist and coordinator of HIV/AIDS section in IAN, also took part in this assessment, because of her wide experience in VCT service development, previously established contacts with relevant stakeholders in the field and good theoretical knowledge on the topic.

### **3. SERVICES ACCESS AND USE**

#### **3.1. Service use**

All institutions that provide HIV testing at the district level are obliged to report on their activities to the regional Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”. This data presents the overall number of clients tested in one district, so specific information about VCT service use are not available.

The introduction of Country Response Information System (CRIS), as a measure for improvement monitoring of the epidemic and access to the information, has started in June 2006 and it was planned to be operational in the last quarter of 2006. However, the reporting system for VCT services that is in accordance with CRIS has not yet been developed. Data from the present service use of the VCT centre in the ISH is being followed. The database was created in accordance with National VCT Guideline and IAN and ISH experience in the VCT field.

The VCT centre in the Institute for Student’s Health had 6183 visits in 2006. The number of counselled and tested clients was 2814.

325 clients were counselled, without testing. An increase in the number of clients at this VCT centre is evident (1653 clients in 2003 and 3139 in 2006). This increase shows that clients recognized the Centre as a safe place, where they won’t feel discriminated against and judged and where they can get good quality service.

In addition, there is a constant increase in number of clients who came upon recommendations of previous clients (23% in 2004 toward 30 % in 2006.). A majority of the clients in daily work approach the centre on recommendation of friends who had already benefited from the VCT service in the ISH centre.<sup>8</sup> Also, there is constant increase in number of clients from vulnerable populations for HIV infection: men who have sex with men, injecting drug users and commercial sex workers. Following table indicates the percentage of various vulnerable groups that approached the ISH centre during the day.

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<sup>8</sup> Centre for HIV/AIDS and STI prevention, annual report 2006

*Table 1: Total No. of vulnerable groups that have used VCT services during two years of project implementation (1.3. 2005 – 28.2. 2007)<sup>9</sup>*

	Total	%
Clients from vulnerable populations	515	9.8
Clients from general populations	4764	90.2
Total number of clients	5279	100

It is interesting to note that from the total number of people from vulnerable populations, in daily work, men who have sex with man are the least reluctant to approach centre – 65 %.

If we add to this constant increase in proportion of non-heterosexual clients (from 5.1 in 2005 to 11% in 2006) we find ISH Centre more and more recognized as a friendly place by the gay populations.

Promoting project through NGOs promoting rights and health among sexual minorities can be connected to this result too.

### **Students' Health Centre for HIV/AIDS and STIs prevention**

In the Institute for Students' Health testing for HIV started on 1<sup>st</sup> December 1988, with the establishment of a HIV/AIDS counselling department. However, at that time the work was based on available literature and intuition, enthusiasm and empathy of the counsellors, rather than confirming to international protocols. In September 2002 in co-operation with the Republican Institute for Public Health and Institute for Students' Health, the first training programme on VCT for HIV/AIDS was organised by UNICEF Belgrade and UNICEF New York. At the same time the counselling department in the Institute for Students' Health grew into a Centre for HIV/AIDS and STIs prevention (hereinafter referred to as the Centre).

<sup>9</sup> IAN, Good practice in voluntary counselling and testing of HIV in Serbia, final report, 2007

The process was facilitated by NGO International Aid Network IAN that, supported by Catholic Agency for Overseas Development (CAFOD), started to develop HIV programme, after situational analysis in the country in 2003.

Knowledge obtained, skills gained and support of CAFOD's trainer and supervisor C.Psychol AFBPsS Jim Simmons to the staff of ISH and IAN were recognised as the key elements for success of this initiative. This was also confirmed by objective data obtained, as increased number of clients, and increased number of clients coming to the centre upon recommendations of previous clients, friends and accountants who had already undergone testing in the Centre. In recognition of this, the Centre has been recognised to be one of the youth-friendliest services in Belgrade and in Serbia and Montenegro.

The Centre has a reception room and three counselling rooms. There is a nurse who receives young people seeking information on HIV prevention and an HIV test. A wide range of information and education materials is available for the clients.

The Centre offers testing for HIV, Hepatitis C and Hepatitis B for general population. Results are available within 24 hours. Testing is free of charge as HIV tests are provided from donations (such as, from the Global Fund to Fight AIDS, tuberculosis and malaria, GFATM). Nine people trained as counsellor's work in shifts. Gynaecologists, dermato-venereologists, and general practitioners from the ISH run specialist clinics at the Centre on different days. Some of the people trained in counselling are physicians and nurses who work at the ISH the rest of the time.

No one wears a uniform or a white lab coat when working at the Centre. This is deliberate policy aiming to abolish hierarchy and to put clients at ease in dealing with health professionals.

Besides cooperation with ISH, IAN was engaged in cooperation with IPH Belgrade, institution for HIV testing in Belgrade and north east Serbia. As a result of this cooperation, model of VCT promoted by IAN was recognized in IPH Belgrade.

Through cooperation with IPH Belgrade it was shown that the greatest challenge for VCT services settled in a health care institution is the lack of decision makers support related to investment in training, supervision and support for counselors.

*Table 2: Percentage of vulnerable groups that approached the centre in Institute for Public Health Belgrade during project implementation period (1.6.2006-1.3.2007)* <sup>10</sup>

	Total	%
Clients from vulnerable populations	79	4.4
Clients from general populations	1716	95.6
total	1795	100

Indicative is the total number of clients in these two centers. The total number of clients in IPH is lower than in ISH (1795 in IPH, in comparison to 3001 at ISH VCT centre for the same time period (1.6.2006-1.3.2007). The difference in number of clients can be attributed to the fact that there is a specialized HIV prevention department and more counsellors working at VCT centre in Institute for Student's Health. Also, ISH VCT centre has longer working hours available for clients, which makes it accessible to a larger number of people.

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<sup>10</sup> IAN, Best practice in Voluntary Counselling and Testing of HIV in Serbia, final report, 2007

### 3.1.1. Utilisation profile

Following data present number of clients who addressed the counseling service between March 1<sup>st</sup> 2006 and August the 25<sup>th</sup> 2007 (project implementation period).

In VCT centre in Institute for Students' Health socio-demographic profile of the VCT clients is presented below:

	Total % <sup>11</sup>	Male % <sup>12</sup>	Female %	Total <sup>13</sup>
Gender	100	56.0	44.0	3001
<b>Age</b>				
Under 18	0.2	50.0	50.0	6
18-25	38.1	52.3	47.0	1091
26-35	52.0	55.5	44.0	1491
36-45	6.4	65.6	33.9	183
Over 45	3.3	67.7	32.3	96
<b>Education</b>				
	Total %	Male %	Female %	Total
Unqualified	3.0	58.6	41.4	87
Secondary school	73.5	55.5	44.5	2103
University degree	23.5	55.6	44.4	671
Total	100	55.6	44.4	2861
<b>Sexual orientation</b>				
	Total %	Male %	Female %	Total
Heterosexual	88.4	50.6	49.4	2552
Bisexual	1.8	88.2	11.8	51
MSM	9.5	100	0	274
Lesbian	0.4	0	100	11
Total				2888
<b>Residence</b>				
	Total %	Male %	Female %	Total
Belgrade	72.8	54.9	45.1	2173
Provinces	27.2	59.0	41.0	810

<sup>11</sup> Total refers to percent of total number of clients belonging to this category

<sup>12</sup> Percents in this column refer to percent of men/women belonging to this particular category

<sup>13</sup> Note that totals do not match total number of clients because for some clients data are not available for gender and/or age. Hence percents are calculated compared to total number of clients with available data.

HIV test results				
	Total%	Male%	Female%	Total
Negative	99.01	55.7	44.3	2970
Positive	1.0	90.3	9.7	31

In VCT centre in Institute for Public Health Belgrade socio-demographic profile of VCT clients is presented below:

	Total %	Male %	Female %	Total
Gender	100	46.8	53.2	1795
Age				
	Total %	Male %	Female %	Total
Under 18	9.7	67.4	32.6	173
18-25	17.3	50.8	49.2	308
26-35	37.2	35.7	64.3	661
36-45	14.3	40.6	59.4	254
Over 45	21.5	46.8	53.2	383
Sexual orientation				
	Total %	Male %	Female %	Total
Heterosexual	98.6	46.1	53.9	1763
Bisexual	0.7	91.7	8.3	12
MSM	0.7	100	0	13
Lesbian	0	0	100	0
Residence				
	Total %	Male %	Female %	Total
Belgrade	87.6	45.5	54.5	1575
Provinces	12.4	55.9	44.1	222
HIV test results				
	Total %	Male %	Female %	Total
Negative	99.6	46.7	53.3	1789
Positive	0.4	75.0	25.0	8

Because of differences in data base used in IPH we were not able to present education of clients. If we compare the characteristics of clients of IPH and ISH some differences can be noticed. There is a difference in age structure, sexual orientation and residence of the clients. Clients coming to the ISH centre belong to younger age (90 % belong to the age group 18-36), which is reasonable because of the fact that majority of clients in daily work are students. There is a greater percentage of non-heterosexual clients at ISH centre (11, 6% in compare to 1, 4% at IPH), and more people tested in ISH centre is coming from the provinces (27, 2% in compare to 12, 4% at IPH).

In addition, one of the main lessons learned in IPH work show that there are differences between clients coming to IPH and ISH, considering reasons for taking an HIV test. Since IPH is referent institution for HIV testing in Belgrade, majority of clients are referred from medical institutions. Clients are referred to IPH from MTC prevention services, clinics for sexually transmitted infections and for administrative reasons – some countries require HIV test for obtaining working visa. Almost 21% of total number of clients is sent to be tested for medical reasons – as preparation for surgery and similar.<sup>14</sup>

At the other side, since the beginning of IAN engagement in the ISH Centre (2004), it seems that the number of VCT clients with greater risks for HIV infection has been increasing. More clients with high risk behavior come to the Centre, which indicates increased trust in state health institutions.

Although the data on clients coming to VCT centers outside Belgrade are unavailable, indicative is the low uptake of testing and tendency for people from smaller communities to avoid undergoing testing where they live. According to many VCT counselors who work in the inlands of Serbia, the fear of breaking confidentiality related to HIV testing is a reason that many clients depart to big towns like Belgrade, or Novi Sad, in order to learn their HIV status. The reasons for low uptake of VCT services in Serbia are also stemming from the poor understanding of the counselling profession. Counselling has not been recognized as a profession of its own, especially in the health care setting. A poor referral rate has also been contributing to the low uptake of the VCT services, which are not recognized as an entry point to care and support.

Also, stigma associated with HIV testing is probably the greatest personal barrier towards access to VCT. The influence of the stigma in the environment affects service use and uptake, as illustrated by the comment of one counsellor, regarding the development of VCT services in our country:

*”There is a strong need for wide promotion of VCT service, making this service familiar to the people, and need to decrease taboo surrounding HIV/AIDS in our country.”*  
(Counsellor, female, Pozarevac)

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<sup>14</sup> IAN, Best practice in Voluntary Counseling and Testing of HIV in Serbia, final report, 2007

## 3.2. Access

- **Site**

### *Accessibility and convenience*

VCT services need to be accessible for the population they are serving. Opening hours need to take into account the needs of the clients. VCT centres in Serbia are all part of medical institutions and their working hours are in accordance with the working time of health facilities. This means that counselling and testing in IPHs are usually provided in the morning hours, available in range from 3-8 hours, depending on the institution. The majority of VCT centres are open every working day (from Monday to Friday), but in some institutions VCT centres are open three days per week (in Kragujevac, Sabac), or even one day in a week (Vranje). There is usually one counselling room and laboratory, which is functionally linked with the counselling room. Because VCT is part of epidemiological departments, counselling rooms are also used for the purposes of other epidemiological diagnostics procedures. Waiting room is usually used by all patients, including VCT clients.

Many counsellors noted inadequate working space and the need for better equipped counselling centres (data base-computers, information materials, other measures to improve access for clients). To allow easy access in terms of working hours, other options need to be considered too.

### *Privacy*

For appropriate VCT counselling, privacy must be ensured. In the majority of VCT centres in Serbia, private space for counselling exists. At the same time, counsellors noted that there is a growing need for more counselling rooms.

Considering the fact that VCT service is accompanied with other epidemiological services at health facility, the waiting area is often crowded and not well ventilated.

- **Confidentiality**

For VCT services to be acceptable, confidentiality must be guaranteed. It is important to stress that uptake of VCT services located in the inlands of Serbia is very low. Although anonymous testing is commonly available, fear of stigma and fear of confidentiality breaches are a common reason for declining testing.

As the words of one counselor describe:

*“This is very small town, and people do not want to come. They are informed about testing sites and I suppose they go to Belgrade or some other, bigger town.” (Counsellor, female, Sremska Mitrovica)*

Confidentiality is one of the basic principles of voluntary counseling and testing which is described in National VCT guidelines. However, not all VCT centers use the guidelines in practice. Some counselors reported that they are not familiar with this document (which does not mean that confidentiality is not assured). Records on clients are kept in electronic version (data base, accessible only to VCT counselors), or in written form (protocol which is accessible only for counselors and locked while off working hours; or personal notes).

Confidentiality is especially important in situation when client receives an HIV positive result, as in counseling couples. If the client is HIV positive and has the symptoms of the disease, he/she is recommended to disclose their HIV status to the general practitioner, in order to avoid delaying of the diagnosis and starting adequate treatment.

If the client is being referred to the other departments in the hospital, doctor’s specialists are usually being told of clients HIV status. This is probably noted in hospital records, which is less confidential than records kept in counseling centers. Results can be accessible to any doctor or nurse, or anyone else who has the access to the medical files of the patient.

Although possibility for anonymous testing is a very important principle of counseling, in our country this opportunity is limited to HIV negative results. If the result of HIV testing is positive, a person is referred to confirmatory testing and treatment, which cannot be performed anonymously.

- **Linkages**

The interviewed counselors expressed a need for developing a network of VCT centers, and direct cooperation with Clinic for Infectious and tropical diseases in Belgrade (where are the clients, in the case of HIV positive test result, referred for confirmatory testing).

Network Vojvodina illustrates network of different supporting services active in the HIV field in north Serbia. It is a network of organizations, institutions and individuals aiming to improve cooperation between its members in response to HIV/AIDS. The importance of such a network for quality VCT practice is illustrated by the following comment:

*”It is important to know where to refer clients when they need psychosocial or legal help. Within this network I have very good cooperation with its members and this linkage is really important for one VCT centre” (counselor at Institute for public Health Vojvodina)*

### **3.3. Referral flows and networks**

VCT centres reported good cooperation with antenatal and reproductive health departments, STI clinics, social welfare institutions, community services and NGOs. None of the VCT centres reported collaboration with private health clinics. What is evident is that referral is often based on personal contacts and willingness for cooperation. There are examples of very good cooperation achieved between some VCT centres and local health institutions (like in Vojvodina where GOs and NGOs created a network that includes care and support services.)

However, the referral system suffers from some permanent obstacles in communication. For example, although VCT centres use high quality ELISA tests, there is still a practice of repeated antibody testing at Clinic for Infectious diseases for every client who has been referred. It is an unnecessary practice that adds to additional stress for the patients and waists resources. Poor communication is also evident in regard to the missing feedback about the clients VCT counsellors have referred for other services.

Counsellors frequently pointed out a need to attend trainings and seminars, which gather different professionals from the country. Counsellors indicated that there is need for cooperation with other professionals, sharing information about existing services and a need for a referral system established at the institutional level.

Also, there are significant portion of people who approach private clinics and laboratories to undergo HIV testing, but the problem with these services is that they do not provide counselling for clients, nor referral. Private clinics which perform HIV testing are not obliged to report to the referent Institute for Public Health of Serbia “Dr Milan Jovanovic Batut”, and practically act as an informal testing system in the country.

Personal contacts, as it was mentioned, are very helpful, but in some situations personal contacts can hinder the procedure and create a conflict. For example, a client was being referred from one institution to another, creating a “setting” of demonstrating the competence of one institution over another. This resulted in the needs of the client being neglected.

Quality referrals are especially important when working with clients from vulnerable groups. Effort to improve the referral system is the main factor that contributes to the increased access to counselling and testing of vulnerable clients, as the example of ISH centre shows (increase of MSM or IDU clients, after referral was addressed).

## **4. COUNSELLING PROTOCOL ADEQUACY AND CLIENT SATISFACTION**

### ***4.1. Overview of counselling guidelines and protocols***

The Republican AIDS committee includes the department responsible for VCT development in the country. The head of this department is an epidemiologist from the Institute for Public health in Belgrade and she initiated the process of VCT protocol development (with support of Global Fund project). The first meeting was organized in April 2004 and the participants were epidemiologists from the Institutes for Public Health from Serbia and head of the Institute for Students' Health in Belgrade. The result of the meeting was the VCT protocol consisting of a one page statement, mostly about testing procedures: anonymous testing, data base, testing procedures and referral of HIV positive results. There were no statements about counselling, counsellor's support and supervision or a measure for counselling quality.

Lobbying for the development and adoption of a National VCT was initiated by NGO IAN and supported by CAFOD and CIDA. The first action was reaching an agreement on initiating a process of developing a VCT protocol with the stakeholders: the head of ISH and Centre for Prevention of AIDS and STD (also a member of Republican AIDS Committee) , the head of VCT working group in the Republican AIDS Committee, and National AIDS Office. In these meetings it was agreed to create three levels of documents regarding VCT policy:

- a) The General principles of VCT based on recommendations of UNAIDS and WHO. These principles should be mandatory for all those developing or running a VCT service
- b) A VCT Guideline-document defining and describing the procedures of VCT and providing recommendations for quality assurance
- c) A Book of regulations which should be developed by each individual centre. This document should be based on the previous two documents and should provide practical regulations for the management of a particular centre in given circumstances.

It was agreed that IAN would facilitate the process of development of the second document (VCT Guideline) and that the National AIDS Office will develop the first document.

In May 2006 representatives of the following organizations and institutions participated in the seminar at starting the process of National protocol development: IPH of Belgrade, Institute for Student's Health (Belgrade), IPH of Montenegro (Podgorica), IPH of Vojvodina (Novi Sad), Institute for Infectious Diseases (Belgrade), National AIDS Office (Belgrade), Blood Transfusion Centre (Podgorica), Institute for Infectious Diseases (Podgorica), UNODC and CAFOD. The result of the seminar was the first draft of the Guidelines and consensus of participants on the content of the Guideline. Also, during the seminar all the relevant dilemmas were discussed and solved (i.e. should minors be allowed to be tested without presence of parents or guardians or what professional background should a VCT counsellor have).

After the VCT Guideline was finished, it was sent to all active VCT centres, together with the questionnaire for evaluation of quality and applicability of this document.

The VCT centres have agreed on the content of the VCT Guideline and have recognized the importance of each issue covered. Also, they have demonstrated great motivation to improve the quality of existing testing and counselling services. Regarding the Guideline questionnaire, most of the given comments were related to the needs existing services have in order to deliver VCT service according to standards in the existing setting. The most relevant obstacles mentioned were:

1. Lack of recognition, by key institutional decision makers, regarding the importance of supervision and continuing education for counsellors. Lack of funding to engage qualified external supervisors. Also, difficulties in organizing peer supervision, since in most of the centres there is just one counsellor, two at most.
2. Lack of qualified counsellors. The fact that one, two at best, counsellors engaged in each centre are at the same time engaged in other activities, mostly epidemiological surveillance, leaves them limited time for VCT activities

3. Lack of knowledge on monitoring and evaluation and failing to recognize the connection between regular monitoring and evaluation activities and sustaining high quality VCT service
4. A Lack of continuity in the availability of HIV tests threatens sustainability of VCT centres
5. There is prevalent stigma and discrimination in communities and difficulties in the referral of PLHA in smaller towns
6. Confidentiality problems within health care services, particularly in smaller communities

As can be concluded, most of the obstacles VCT centres reported are related to the organization of the VCT services on an institutional level and are not directly related to the VCT Guideline. The whole process of creating a VCT Guideline was presented to the president of Republican AIDS Commission (also the Minister of Health), and RAC adopted this document on September 2006.

The fact that all relevant stakeholders were involved in the creation of the Guidelines ensured consensus in the adoption of this document. In this way the VCT Guideline has become the official recommendation for existing and newly founded VCT centres. The National AIDS office printed and distributed the Protocol to VCT centres.

Although accepted and approved, the guideline has not been put into practice in the majority of the VCT centres. It seems the main reason for the existing situation is the lack of institutional support and disregard of the importance of high-quality VCT service. This situation is followed by the lack of funds and fundraising activities aiming to achieve quality assurance.

## **4.2. Counselling process**

In our community counselling is not recognized as a skill on its own right<sup>15</sup>. There are different interpretations among the decision makers and wide public related to the techniques and aims of the counselling processes.

Usually, the VCT process consists of pre-test, testing and post-test counselling. In this study the counselling process was evaluated on the basis of 10 observed sessions at the VCT centre in the Institute for Students' Health.

The instrument for evaluating counselling consisted of three parts: evaluation of the pre-test counselling session, evaluation of the post-test counselling session and evaluation of the counselling quality (including relationship with client, gathering information, giving information and handling specific circumstances).

### **Pre-test session**

In the majority of observed sessions important topics were covered like: the reason for testing, transmission routes and risk estimation. The things that counsellors most frequently forget to put in the session are: discussing a personal plan for risk reduction, some information about the performed tests, checking the client's understanding of information given, and explaining the possibility for follow-up (sometimes discussed issues depend on specific VCT centre capacities, like in this case, the capacity to provide follow-up sessions to the same client). Also, we noted that, sometimes, counsellors are not focused enough on the purposes of HIV counselling, e.g. they ask questions not important for risk estimation, which is time consuming and detracts from the structure of the counselling session. (For example, wide discussion about other STIs and their treatment)

### **Post-test session**

In post counselling sessions usually important tasks are completed- a simple and clear result given in confidential manner, provision of enough time and support for

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<sup>15</sup> First counselling centres in Serbia provided counselling related to pregnancy and main activity was medical follow up of the pregnancy. Staff of those centres was medical doctors and nurses in their standard roles.

comprehending the information. But, some comments might have been reflecting counsellors' biased attitude as following quotes show:

“Your results are all right” or “If the test-result is positive, Heaven forbid...” (Said in pre test session). That is why it is very important to address the language a counsellor uses and emphasise a neutral stance and non-stigmatizing vocabulary.

### **Quality of counselling**

Considering the quality of counselling it can be concluded, on the basis of 10 sessions observed, the quality of counselling in the VCT at the ISH is on a high level. As for establishing relationship with the client, all aspects in all sessions were highly graded.

In gathering information, it was observed, resuming the main points of the discussions was often missing.

In giving information counsellors were also prone to overlook summarizing of the main points and checking on clients' understanding of the information given.

### **Challenges of counselling**

Sometimes counselling can be very challenging and demanding work. To illustrate the complexity of the situation counsellors are sometimes facing, we present part of the pre test session:

Counsellor engaged in outreach VCT – client is transsexual person in late 30es

*...Information she has given are very touching, full of violence, even brutality (acts of the police, insults, raping in the prison, sexual intercourse with animals she was forced to by a client). She talks with unnatural easiness like she is telling me the content of monotonous TV novel. I feel uncomfortable being unsure whether to interrupt her with questions or to let her talk. Nevertheless, I ask her if she has ever shared with somebody these experiences or reported the abusers to the police. At first she was afraid of her pimp, but she finally shared it with her spouse (a boy of the age 26, 17 years younger) that she lives with. She thinks those events are natural for someone who is street worker – she knows other girls who had similar experience.*

### **4.3. Client satisfaction with received service**

In this study client satisfaction was explored on a sample of clients in VCT centre at the Institute for Student's Health, because this is the only fully established VCT centre, at the upper developmental stage - which makes it hardly comparable to the other centres. Also, because of the low uptake of services in Institutes of public health, the research team expected not to have objective measures about client satisfaction in general.

#### **4.3.1 Counsellors**

Clients who received counselling in the VCT centre at Institute for Students' Health were very satisfied with the service. They emphasized several features of the counselling process and counsellor's skills that made HIV testing less stressful. The following aspects of counselling were most frequently mentioned:

- Non judgemental and open atmosphere
- Kindness of the staff
- Staffs competence
- Received emotional support

It is interesting to note that some clients expressed preferences regarding counsellor's gender and age. They stated their preference would be to have counselling with a female counsellor who is also experienced in counselling.

This kind of expectation reflects wide spread prejudice about female sensitivity, versus male insensitivity and a male's limited capacity to deal with delicate issues (such as issues of sex, STI, and interpersonal relationships).

The following quote stresses the points that determine client satisfaction:

*"It was really great experience. What I liked the most is the counsellor's openness, understanding, careful listening and confidentiality."*

### 4.3.2 Centre

Clients appreciated the good location of the Centre (part of the ISH) and free of charge service. Considering the fact that clients using daily services of ISH centre are mostly students (58%), these results are expected and reasonable. Also, they were satisfied with the efficiency of the service and some clients commented on the importance of having counselling as a part of testing.

Clients also gave some recommendations regarding centre location and promotion. A majority of clients noted the centre is not visible enough, so reaching the centre involves breaching confidentiality and their privacy (clients often have to ask someone about the location of the centre). Besides, clients noted that promotion of testing and counselling is not sufficient during the year. As one client said:

*” Media are overloaded with HIV topic during the Worlds AIDS day, but there is not enough information about the testing during the rest of the year”.*

## **5. STAFF PERFORMANCE AND TRAINING**

### ***5.1. Staff, selection and roles***

A majority of the counsellors in VCT services are epidemiologists or medical doctors from institutes for public health. Each region in Serbia has referent Institute for Public Health<sup>16</sup>. IPH epidemiological departments have a mandate from the state to perform HIV testing. UNICEF has sent training invitations to all IPH in Serbia. Decision on who will participate depended on the management of the regional IPH and the epidemiologist' level of motivation. Lack of the wider knowledge of the concept of VCT, government guidelines and lack of opportunities for professional development led to the situation that almost all trained professionals from the IPH are medical doctors – epidemiologist and sometimes heads of epidemiological departments. If not interested, the epidemiologist usually would not advertise the opportunity for professional development to the interneers or nurses. The idea that only epidemiologists and infectologists are skilled to perform VCT is widely spread in Serbia, although some improvements have been made.

Apart from epidemiological departments of IPH, the UNICEF program was targeting newly established services for young people, usually a multidisciplinary team consisting of a gynaecologist, paediatrician, nurse and NGO activist.

Under the second initiative, recruited VCT counsellors were epidemiologists, general practitioners and nurses from ISH and psychologists from IAN.

Since there was no systematic effort from the side of the government to introduce the VCT concept on the national level, staff selection can be described as “HIV testing led” selection. Institutions which performed testing were the ones to benefit from the training. Although around 100 professionals were trained, only a small number of them actually had an opportunity to practice VCT (about 10).

A majority of VCT centres are employing one or two VCT counsellors part time. At the same time counsellors are employed on other jobs in the same organization. Other

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<sup>16</sup> Main function of IPH is surveillance and monitoring and providing assistance to the health institutions in region. IPH are not equally developed and do not provide same range of the services.

professional engagement is being restrictive for their VCT role. There is also no clear distinction between the work of epidemiologist/medical doctor and being a counsellor. Because counselling is not recognized as a skill of its own, managers in some VCT centres do not have the proper understanding of a counsellor's needs and their specific responsibility.

VCT centres in Institute for Students' Health and IPH in Belgrade and Novi Sad have a more developed practice and more staff, where heads of the epidemiological department are managers of VCT services and monitor the quality of counselling.

The reason that some centres are more developed than others can only be attributed to their motivation and enthusiasm. After the UNICEF initiative ended, there was no long-term support to VCT development, and only professionals who believed and who wanted to work on VCT, continued to develop their service.

In Serbia there are no persons living with HIV/AIDS working as VCT counsellors. Although some PLHIV have been trained, they are not allowed to perform counselling, and VCT managers themselves do not perceive advantages of PLHIV engagement.

## ***5.2 Training of counsellors and supervisors***

### **5.2.1. Counsellor training**

The Majority of VCT counsellors in Serbia received basic training in VCT as part of the UNICEF project "Empowerment of services for voluntary confidential counselling and HIV testing", with Institute for Students' Health as the main implementing partner. The Guide for the VCT trainers and Manual for VCT counsellors were prepared and published.

Basic training lasted for 3 days and consisted of seven modules:

1. Introduction and justification of the need for voluntary counselling and testing
2. Self-consciousness
3. Basic skills and counselling techniques
4. Pre test counselling

5. Post test counselling
6. Control, monitoring, quality assurance and evaluation
7. Stress and burnout

Within first UNICEF – Institute for Students’ Health initiative approximately 100 people, mainly medical doctors, took part on the trainings.

Under the second VCT initiative in Serbia IAN – CAFOD - Institute for Students’ Health, 15 counsellors were trained and supervised continuously for 3 years. Trainings were led by experienced CAFOD expert in VCT, C. psycho AFBPsS Jim Simmons. Basic training lasted 5 days and was focused on developing skills for active listening and other counselling techniques, as specific elements of pre and post test counselling. Two advanced trainings were organized during 2004 and 2005, three days duration each. The first training was focused on counselling of people with high risk of HIV infection. The second advanced training consisted of an introduction on counselling theory (Rogers Client Centred Counselling) and further development of counselling skills for on-going counselling of PLHIV. Four external supervision seminars consisting of group and individual supervision were organised and led by the same expert.

The time overlap between the two initiatives and the fact that staff of the Institute for Students’ Health, who was implementing the VCT UNICEF program, was also part of the second initiative improved the quality of the trainings and contributed to raising awareness of a more comprehensive approach in the development of VCT service.

### **5.2.2. Training of supervisors**

Supervision was not part of the first initiative and it is not widely known nor perceived by main stakeholders an important part of VCT service.

Supervision was an integral part of the second initiative and supervisor was CAFOD expert Jim Simmons PhD Psychologist.

He has held group and individual external supervision for the counsellors of the Institute for Students’ Health and IAN. Mr. Simmons’ initiative to continue this process by providing training for supervisors was not realized. Nevertheless, three counsellors from ISH/IAN did provide supervision to colleagues from Montenegro within a joint initiative for development of VCT in Montenegro. Using ISH/IAN experience and model of

collaboration NGO CAZAS and IPH Podgorica developed and implemented VCT program in Podgorica –the capital of Montenegro.

### **5.3. Workload and stress**

Generally, counsellors find their job satisfactory and fulfilling. Counsellors report the most common reasons for job satisfaction are: a feeling of usefulness and the possibility to really influence someone's life for better, positive feed-back from the clients, responsibility and commitment toward clients, professional development and personal growth.

*“I am very satisfied and this job is fulfilling. Working as a counsellor adds to my professional improvement and has increased my quality of life- I've changed my attitudes and adopted some new ones after I had started working as a VCT counsellor.” (Counsellor Female, in the ISH VCT centre, Belgrade).*

All counsellors report that occasionally they are emotionally drained and feel that their work is occasionally stressful.

Counsellors find stressful situations when referral options are limited for the clients – a feeling of overwhelming helplessness is not uncommon. Some of the counsellors are trying to facilitate some services and provide treatment outside of working hours – which is adding to the work related stress.

HIV positive client's are referred the Belgrade Institute for Infectious and Tropical Diseases, currently the only functional treatment centre in Serbia. Usually after referring a client to the Institute for Infectious and Tropical Diseases, counsellors loose contact with the client, and that fact could also influence their work satisfaction and stress. None of the VCT centres have post-test club and only the VCT centre at the Institute for Students' Health offers several post-test sessions for the clients.

One of the sources of the work related stress for counsellors from Institutes for Public Health is connected to the management of the VCT service. VCT has been added as a new and additional task for the epidemiological department. This task has come without

the necessary institutional support, proper premises, or management of the work hours for counsellors and laboratory technicians etc.

One counsellor illustrates a common situation regarding the support and management of VCT practice and needed support:

*“What is evident is the lack of community support of VCT centres. It is really frustrating that I have not got necessary equipment, computer...for 5 years now. Government really needs to stand for and give us support.” (Counsellor, male, VCT Bosilegrad )*

As for the acknowledgement of their work, some counsellors think that counselling work is not appreciated enough among their colleagues. This is especially frequent when one colleague is a counsellor and the other a health worker not engaged in VCT.

*“The work is not enough appreciated, people are unacquainted, they resist to engage and do not fully understand the purpose of this job.” (Counsellor, female, in the ISH VCT centre).*

#### **5.4. Support and supervision**

Organised supervision and support for counsellors was part of the second initiative. Apart from the external supervisions led by the CAFOD trainer and supervisor, peer supervisions were organised, engaging an IAN supervisor to facilitate the process. Internal supervisions are held by a local supervisor, a psychiatrist with experience in supervising counselling. Internal supervisions in ISH centre are held on regular basis once a month, consisting of case studies and discussions on possible interventions in presented cases. Regular supervisions and high satisfaction of the staff with this kind of support led to the team building of VCT centre and significantly added to the quality of counselling service. As it was mentioned, supervision was part of the IAN-ISH-CAFOD initiative. It was well accepted and counsellors were very satisfied with this kind of support.

Benefits of supervision, also experienced counsellors from other VCT centres, who attended the supervision workshop, held from 22<sup>nd</sup> to 25<sup>th</sup> of February 2006.

Workshop was organised for the staff of the CAFOD project and three epidemiologist from three regional centres were present South Serbia – Vranje, North Serbia – Subotica and from Podgorica, Montenegro .It was a very important and revealing experience for them to attend supervision, because they understood and felt what the concept of supervision means.

A counsellor from Vranje – South Serbia gives the following impressions from the supervision workshop:

*“ I am more then satisfied, because I through out something that pressed me for so long time, then I got some guidelines for further work, it is more clear to me how to work with people who attempted suicide and I know now that I need to release pressure on myself when I am feeling helpless. Now I am relieved and satisfied.” (Counsellor, female, Vranje)*

Counselling is a skill that is developed through practice. Supervision and support for the counsellors is the main engine for the development of counselling skills. Case studies and role plays were one of the basic learning methods in group supervisions. Individual supervisions for each counsellor were also organised, and counsellors had an opportunity to discuss, in confidential atmosphere, issues related to their daily work- obstacles, challenges and personal issues that influence work with clients.

Counsellors from Institutes for Public Health also reported that they feel lonely in the work they perform and that they occasionally feel lack of confidence in their counselling skills.

Counsellors interviewed from ISH gave the supervision a high rating. All counsellors agreed upon the importance of regular on-going education in VCT; they also expressed the need for supervisions and sharing experiences with other counsellors in the country.

As important aspects of education, counsellors noted training on specific issues like violence, drug use, and work with minors, mental health, counselling pregnant women etc.

*“I find that supervision is needed because the more I work, the more complex questions arise. There are two streams of needs for supervision that I find, one is information about referral, and the other is my own personal competence and professional development.” (Male, 33, counsellor in the ISH VCT centre).*

However, supervision and care for counsellors is not recognised by the system and institution management. Attention is paid to HIV testing, not on counselling and changing risk behaviour. Also, there is little understanding of the meaning of supervision in the whole counselling and testing process. Supervision is recognized as a monitoring activity not as a process of education and care for counsellors.

### **5.5. Counselling specific target groups**

The first VCT for vulnerable groups was set up jointly by Institute for Public Health in Belgrade and NGO Veza, and it was a part of the harm reduction program with intravenous drug users. Under the second initiative an outreach program was developed in collaboration with NGO Veza, an NGO working with sex workers (NGO JAZAS), IAN and Institute for Student’s Health.

Outreach VCT for SW was introduced in 2005. Field workers of JAZAS and mobile medical unit – settled in especially designed van approach workers at so called hot-spots. From March 2005 VCT is conducted on the hot spot using rapid tests. Mobile medical unit provides gynaecologist examination, VCT for the HIV and test for hepatitis B and C. The challenges of this type of work are numerous - starting with restricted physical conditions, dealing with a number of issues that clients are facing such as fear from the police, pimps and the multiple vulnerabilities of the clients.

NGO Veza works on the harm reduction program with IDUs. Veza<sup>17</sup> is a young NGO established as a result of the exiting strategy of Medicines Du Monde from France. MDM had established a harm reduction project in Belgrade and worked with IDUs for several years. During the course of the project drop-in centre was established and VCT introduced

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<sup>17</sup> Veza means Connection

in cooperation with the Institute of Public health.<sup>18</sup> This collaboration lasted until July 2006. At this point IAN and ISH have made an agreement with Veza to start VCT for their clients.

Outreach VCT is conducted on the premises of the drop in centre. The drop in centre is equipped with a laboratory and laboratory tests were used. Pre-test counselling sessions and blood taking was usually organised on Wednesday and post-test counselling on Fridays. Within the service provided, clients from Veza received pre and post HIV-test counselling, got tested, and also had an opportunity to learn their HBV and HCV status, since it was an important issue for many of them.<sup>19</sup>

For the purposes of this study, the evaluation of client satisfaction with services provided, and assessment of pre test counselling sessions were conducted on the premises of the drop in centre.<sup>20</sup> The clients were generally satisfied with the VCT service, especially with the individualized approach and opportunity to obtain other information: about hepatitis B and C, and other STI.

Female, 30 years, regarding VCT in the drop in centre:

*“I was satisfied with the possibility to talk with somebody who knows about our way of Life and I especially liked to hear about other sexually transmitted diseases. “*

However, it was observed and reported by clients that counsellors were expressing disapproval in certain points of counselling session. Disapproval was on nonverbal level.

Female, 30 years, VCT in drop in centre said:

*“She (counsellor) looked a bit tired, like she was doing it with routine. When I talk about some things from my life she gave me this look - client showed disapproving look”*

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<sup>18</sup> IPH Institute for Public Health is referent institution for general population health in Belgrade area

<sup>19</sup> considering the raising rate of HCV infection among the population of IDU

<sup>20</sup> Session observation and client satisfaction were not measured with sex workers since, during the period of assessment, JAZAS was in the period between to funds and outreach medical program was not implemented.

In the table below we will shortly present our all VCT conducted in period from March 2005 till February 2007, including number of clients tested in outreach programme that JAZAS and VEZA conducted in cooperation with IAN/ISH counsellors.

*Table 3 Total No. of clients that have used VCT services during two years of project implementation*

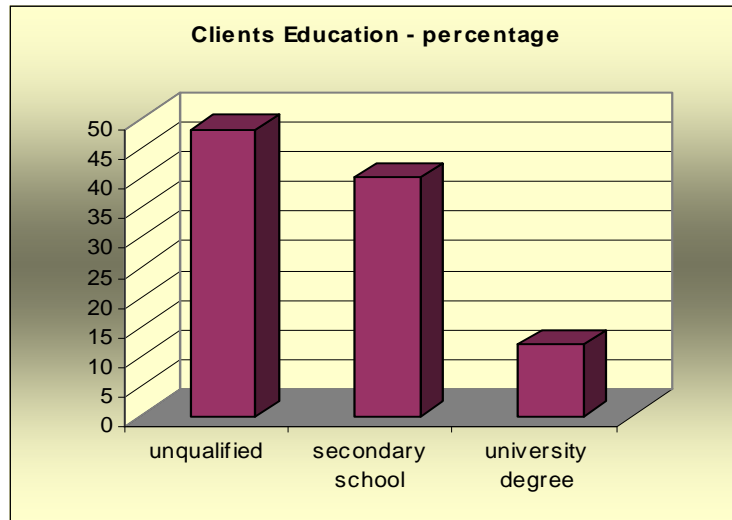
Project work				Other related VCT activities		
Type of work	Daily work VCT centre ISH	Night actions VCT centre ISH	Outreach Veza IDU JAZAS SW	Dally work VCT service IPH	HPVP I IAN	Grand total
counselling without HIV testing	1023	40	10	280	7	1360
counselling and HIV testing	4256	693	270	1787	351	7357
total	5279	733	280	2067	358	8717

The majority of the clients from outreach work are unqualified – while the majority of the clients in ISH centre (day and night) are students or well qualified.

This finding reflects the difference in health seeking behaviour of these groups. Being unqualified and unemployed (81% are unemployed) lessens the chance to obtain health treatment. Also, this finding demonstrates the concept of outreach VCT is user friendly.

*Table 4 Educational structure of outreach clients*

*/sex workers and IDU/ (N= 280)<sup>21</sup>*



Specific referral procedures were developed for these type of clients – counsellor encourages client to come to the ISH VCT centre, during her/his own shift and securing continuity for the client (if the clients is unwilling to come blood sample is taken and post test counselling conducted on the host spot). All HIV positive or undetermined results from the rapid test are checked using a laboratory test and then issued as a preliminary result. It is important to note that during outreach activities, some of the pimps, and people close to the sex workers (friends, partners) were also counselled and tested.

Provision of VCT service to the sex workers, made evident that not just sex workers are reluctant to approach health care services, but other people from their social environment.

During 2005, HPVPI conducted research on risk behaviour and HIV prevalence among commercial sex workers and IDUs in Serbia and Montenegro<sup>22</sup>. The main partner in Serbia was IAN. Free of charge VCT was offered to the study participants. For the first time in Serbia rapid tests were used and for the first time VCT was offered outside of medical institutions.

<sup>21</sup> IAN, Best practice in Voluntary Counseling and Testing of HIV in Serbia, final report, 2007

<sup>22</sup> The surveys of IDUs are funded by the UK Department for International Development, through Imperial College London. The surveys of SWs are funded by the Centres for Disease Control and Prevention (CDC), USA, with joint responsibility with Imperial College London.

*Table 5 Total number of clients in HPVPI research: Risk behaviour and HIV prevalence among vulnerable populations*

	participation in study	VCT service
IDU	431	200
SW	211	147
total	642	347

More than 50% of those who took participation in the study wanted to be counselled and tested (351 participants). 70% of SW were tested; almost 50% of IDUs were tested.

*Table 6 the number of positive clients in HPVPI research: Risk behaviour and HIV prevalence among vulnerable populations*

	counselled and tested	positive	give up during pre counselling
IDU	200	7	5
SW	147	3	2
Both	4	0	0
total	351	10	7

IAN's expertise in working with vulnerable populations was very helpful in organizing and completing the outreach work.

## **6. ISSUES ON PROGRAM COSTS AND EFFECTIVENESS**

### **6.1. Program costs**

Three sources of funding were directed towards VCT programs in the country. UNICEF initiative was implemented within two projects: the total amount spent on VCT training delivered last year, was approximately 22.000 USD (without printed materials and guidelines). The total amount spent on PMTCT training, held in 2005, was 10.000 USD.

The second initiative was financially managed and implemented by IAN. CAFOD was the first donor, while CIDA and Geneva Global provided additional funds. During this initiative several activities were carried out: the development of VCT practice, outreach VCT, development of data base and working protocol. The VCT manual and book on testing and counselling were published in the Serbian language. The total cost was, approximately, 220.000€

Third source of funding was the Global Fund; providing free of charge tests for all state health institutions involved in HIV testing and counselling.

### **6.2 Outcomes and impact of the program**

The outcomes of the UNICEF and IAN initiatives and Global Fund support are: provision of free of charge HIV testing for clients approaching VCT centres, the introduction of a VCT model and community sensitization, as well as great number of trained people from state health sector. A very important outcome was standardizing of the VCT practice that resulted in the development and adoption of a National VCT Protocol. Efforts to create VCT Guidelines were strongly supported by the National AIDS Office that published the Guidelines with the support of the Republic AIDS Commission.

Also, regarding future development, experience was gained in the management of outreach VCT services.

The indented impact of the two initiatives was not fully realized. Failure of the main stakeholders (first of all Republican AIDS Committee) to support initiatives, and the

generally low level of pre-existing knowledge about VCT left newly established VCT services without support. As a result, many of the VCT services are not in line with UNAIDS and WHO recommendations.

Keeping in mind that counselling is a skill that has to be practised in order to develop it, training input had just raising awareness outcome. Resistance to the increased involvement of NGOs, community based groups and the private sector in HIV response led to the low visibility of NGO IAN in the development of VCT and restrained the entrance of other NGOs in developing of VCT services. The reason is that NGOs and private sector are still not recognized as equal partners in the development of the health sector.

## **7. CONCLUSIONS AND RECOMMENDATIONS**

### ***7.1. Background***

The testing rate in Serbia was among the lowest in Europe when VCT, as a concept, was introduced to the community. A large percentage of the people who tested HIV positive had already manifested symptoms of AIDS.

There was a growing need for the people to know their status. Regional Institutes for Public Health involved in HIV testing were provided by the state with free of charge HIV tests in order to increase access to HIV testing. The lack of the wider knowledge of the VCT concept is evident in a National Strategy Paper in which VCT is defined as a tool for surveillance and monitoring of the epidemic, rather than prevention tool.

### ***7.2. Aims of the VCT programme***

Development of the VCT services in Serbia came as the result of two initiatives which reinforced each other to certain extents. The approaches were different: while UNICEF generated an initiative focused on a wide introduction of the concept, IAN & CAFOD generated an initiative focused on an in-depth development of one centre that could be used as a resource base for further development.

### **7.3. Services access and use**

One of the main characteristic of the VCT initiative in our country is the absence of a quality assurance and evaluation strategy for the VCT services. On the basis of the available information there is relatively low uptake of VCT service in the majority of IPHs evident. Several more developed VCT centres, (in Novi Sad, Subotica and Vranje) – have better service access and use as a result of the counsellor’s additional effort (to attend workshops and seminars, to build referrals, to lobby for the improvement of the service within the institution, to put additional efforts in the promotion of the VCT service in front of the media etc.).

Low use of VCT services might be caused by confidentiality issues and low promotion of VCT. Also, Serbia is a country where the epidemic has not been well established, which correlates to the low VCT service use.

Access and use of the VCT centre at the Institute for Student’s Health was measured using a data base developed under the IAN/CAFOD/Institute for Student’s Health joint program. According to this data, the number of clients increased considerably in the first year of the program (from 1570 in the year before project implementation to 2998 in the first project year). Analysis of the data has shown the main reason for the increased number of clients is the improved quality of counselling, personal recommendation by satisfied clients and improvement of the referral system.

In general, VCT services are not widely advertised and clients are not aware of benefits of HIV counselling.

### **7.4. Quality assurance tools**

- National standards for HIV testing don’t exist yet.
- Institution’ specific regulations influence HIV testing procedures.
- Standard VCT guidelines, procedures for counselling and quality of counselling assurance measures were established under the second initiative for the project purposes. Guidelines and procedures were used to develop a national guide, and also for the development of similar projects in region and beyond. Although these guidelines

have been developed and adopted on an official level, they are not, on a practical level, being put into use at the point of service delivery.

## **7.5. Client satisfaction**

Generally, clients are very satisfied with the service provided. UNAIDS authored a meta-analytic study on the impact of VCT and found it is difficult to develop objective measures of client satisfaction.<sup>23</sup> In most studies levels of client satisfaction are reported as being high while other measures find differences among services provided. Authors state that this may be in part because clients do not want to upset their health providers, or feel that criticizing a service would jeopardize their future care.

The high satisfaction with VCT services reported in this study could be more likely attributed to the specific attitude of kindness, respect for the clients needs, and time provided for every client (having in mind that behaviour like this is still a rare practice in Serbian health services). Also, within VCT services much has been achieved on the confidentiality assurance, which is a very important issue for clients.

Clients reported that improvements can be made in technical aspects of the service. For example, they noted the need for greater visibility of the VCT centre and that HIV testing should be performed with counselling at the same site. Clients also suggested that more frequent advertising of the service and nature of the VCT service is needed.

## **7.6. Staff performance**

Staff performance was difficult to assess due to overlap with other duties in their institutions, differences in the amount of training gained, and level of support provided for counsellors. From the sessions observed at the most developed ISH VCT centre it can be concluded that the level of counsellors' performance is high. On the other hand, there have been some areas for improvement identified as: discussing a personal plan for risk reduction, checking the client' understanding of the information given, and resuming the main points of the discussion. This finding implicates that there is ongoing need for the improvement of the staff's skills, even in experienced counsellors.

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<sup>23</sup> Ibid.

It is important to stress once again that some highly motivated individuals, in very unfavourable conditions, made significant efforts for the clients and generally for VCT development in the country.

## **7.7. Counsellor training**

The quality of counselling and theoretical framework of the counselling was found by a number of authors to be the key elements in efficient HIV prevention. VCT training was not systematically introduced in Serbia considering follow-up, possibility for trainees to practice counselling skills and quality measures ensuring. Data obtained from the VCT centre in the Institute for Student's Health showed that on-going investment in training with a clear theoretical background in Rodgers' client centred theory and supervision, were providing excellent results.

The counselling sessions observed and exit interviews with clients showed that even experienced counsellors can show disapproval with clients behaviour on some level – etc. nonverbal. This indicates the need for ongoing development of counselling skills through refresher courses, through intensified supervision and working on counsellor's personal difficulties in counselling work.

Although the vast majority of the counsellors were very satisfied by the training provided, it can be concluded that further investments in training are needed. In this regard, it is very important to obtain counsellors opinions of their training needs.

## **7.8. Counselling specific groups**

In Belgrade few counsellors have experience with specific groups in HIV. The counsellors with this type of expertise are generally from IAN and ISH. The quality of the counselling is a critical factor when utilization of the service by persons from stigmatized populations is considered. For some clients involved in high risk behaviour outreach work is recommended as both an ethical and effective measure. Working with NGOs involved in work with vulnerable groups is efficient since trust is already being built by NGO activists.

## **RECOMMENDATIONS**

- **Recommendations to GIP programme staff**

- Facilitate improving national understanding for a comprehensive VCT approach that follows international standards. GIP could help with its competence and experience and possibility to lobby as an international non-government organization for the better recognition of VCT importance in mental health care for PLHIV.
- Help fundraising efforts for further development of VCT services in Serbia. Existing services need further improvement in their quality in order to reach WHO and UNAIDS standards.
- Provide effective training programmes for VCT staff and volunteers using international experience and standards. In addition, GIP could support accreditation of the VCT training program at relevant Ministries, accreditation curriculum on VCT in high schools and faculties, as the educational program on VCT promotion for decision makers, HIV professionals and paraprofessionals.

- **Recommendations to VCT group in Republican AIDS Committee**

- There is a strong need for further development of VCT services, and raising capacities, especially of existing VCT services at Institutes for public health. Future initiatives should be furthered on a basis of previous initiatives and achievements
- Lobby for the recognition of existing VCT services as the part of the health care system with proper service organization (definition of the material and human resources that present a minimum to service operativeness).
- A standard test and confirmatory testing algorithm along with a quality assurance component should be established.

- Establish monitoring and evaluation components to document the process, outcome, operational soundness, and share lessons learned. More efforts should be made in regards to the support and implementation of CRIS methodology, so that access and use of services is monitored on a national level and the relevant and regular reporting by institutions is ensured.

- Plan better for the allocation of HIV tests to the VCT centres, in accordance with specific circumstances of individual VCT centres. The possibility of using rapid HIV tests should be considered, in addition to defining measures to build the capacities of other health institutions (non IPH) and NGOs (especially those working with vulnerable groups) to use rapid testing technology.

- Clearly define staff selection process and open possibility for other health professionals such as nurses and medical technicians and NGOs activists to work as VCT counsellors. Especially, involving PLHIV as counsellors is recommended. Only self motivated staff should be considered for the education in VCT work having in mind the great number of professionals interested.

- Promotion of on-going education and supervision for improving counsellors' skills and burn-out prevention. Besides improving the knowledge and skills that counsellors need for providing high quality service, there must be a forum for supervision to prevent burn-out and to work on counsellor's attitudes towards clients from different backgrounds. The key component in ensuring high quality service is continuing the care and support for service providers.

- Organize trainings and support for the trainers and supervisors. Using a training approach with on-going education for counsellors with a clear theoretical frame in Client Centred Theory and regular supervision, already piloted with excellent results, is recommended. Client Centred counselling is now promoted by CDC just as it was promoted from the beginning by UNAIDS and WHO – the theory and methodology of Client Centred

counselling provide the optimal frame for counselling before and after HIV testing. Existing national publications on voluntary counselling and testing (Guidelines for VCT trainers and VCT Guide)<sup>24</sup> should be used in training VCT counsellors.

- An intensive referral system development project should be launched. The importance of the referral is neglected. First of all it does not serve as proper access to care and support for the clients. Confidentiality and privacy of the counselling and referral process often become “secret work” since counsellors are not able to refer the client to the appropriate services. There is a need to provide counsellors with the information on all the referral possibilities and with a feed-back about their referred clients.

- More resources should be invested in outreach VCT development, evidenced by the fact that Serbia is a country with low HIV prevalence, and with concentrated epidemics within vulnerable groups. It was shown that outreach VCT activities are more acceptable for people from vulnerable groups; this kind of prevention and care should be fostered. Persons belonging to vulnerable groups should be recruited and trained to work as VCT counsellors and allowed to work on outreach spots.

- Promotion of the concept and importance of VCT among other health services and collaboration between different health services is needed. Facilitating the understanding and acceptance of VCT practice is recommended among medical professionals who collaborate with VCT counsellors, so that the basic principles of VCT practice are followed (for example, confidentiality, anonymity, privacy, psychological versus medical approach to counselling).

- Encourage the formation of associations of VCT counsellors in order to enable sharing experience on VCT practice in the country, work on professional visibility and professional acknowledgement. This is the way of supporting counsellors in their specific role, adding to

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<sup>24</sup> These publications were made following recommendations by the UNAIDS, WHO and Family Health International.

their self-worth and preventing burn-out. Communication and exchange of experiences among VCT counsellors should be fostered inter country and regionally.

- Private laboratories should be included into the monitoring system and be obliged to report to the referent institution. Also, VCT development within the private sector should be supported through providing VCT training for persons who will be performing counselling.

- **Recommendations to National and local organizations (NGOs and GOs) dealing with HIV/AIDS**

- VCT should be developed in connection with community HIV education programmes. The decision to take an HIV test is based on consideration of the advantages and disadvantages of knowing ones HIV status, so there should be more advantages of knowing HIV status promoted through different education programmes, provided by NGO and GOs that deal with HIV/AIDS.

- Community sensitization aiming to raise awareness about VCT, to increase access to VCT and encourage people to seek VCT, is missing. Sound experiences from other parts of the world<sup>25</sup> can be used through social marketing advertisement of VCT benefits and other means of community mobilization. In areas where the epidemic is new, or not well established, as in Serbia, ignorance, denial and stigma may be more closely associated with HIV testing. That is why in community sensitization about VCT there should be a de-stigmatization component involved.

- Partnership and close cooperation between NGOs and GOs lead to sustainable changes; great capacity building for both and, at the same time, this cooperation could result in decreasing stigma and discrimination towards PLHIV through transferring attitudes NGO staff have towards vulnerable groups. The model of cooperation within the second initiative in VCT development in Serbia could act as a model for similar initiatives.

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<sup>25</sup> PSI and social marketing campagne NEW START in Zimbabwe

- Involvement of NGO staff with experience in VCT and staff coming from the vulnerable populations or working with vulnerable people in VCT counselling is recommended, because of their experience and trust gained among these groups. Outreach NGO workers can act as a role model for other professionals, for their high motivation and in-depth understanding of the issue, as well as their attitudes towards people from vulnerable groups. In order to create sustainable changes, there must be continuing work on changing attitudes and beliefs resulting in improving practice.

- NGOs should lobby for the introduction VCT as a model of prevention, and not only as a surveillance tool. In general, lobbying initiatives should promote holistic approaches in providing treatment and care. Although many changes have been made in treatment and care of PLHIV in Serbia, the development of isolated components of the care continuum are limited by lack of progress in other components.

- Promote the concept of VCT emphasizing the importance of counselling (vCt) in front of decision makers. Counselling is not recognized as a skill in its own rite, and needs to be addressed as an important tool for behaviour change, which is crucial for responsive action in regards to epidemics. Also, as a specific part of standard VCT curriculum, the plan for risk behaviour reduction should be elaborated, since this aspect of counselling is not practised enough.

- **Recommendations to International organisations**

- Take a more active role in VCT development in Serbia. Only through in-depth situation analysis can international organizations provide useful assistance to VCT development, and avoid previous missed opportunities.

- Partnership should be fostered with all relevant institutions and organisations, not just with one chosen institution.

- Information on VCT should be available with other information on HIV/AIDS prevention, care and support to people living with HIV/AIDS, and to the general public. International organizations could support establishing an AIDS resource centre that is closely linked to an AIDS Clinic and serves as an information centre. It could be a central library with the most up-to-date and accurate multimedia materials on HIV and AIDS, or in a form of online resources. These resources could provide a broad range of health information to policy professionals and the general public with crucial information on how to fight HIV and AIDS.

- International organizations can have a mentoring role for the provision of direct technical assistance to strengthen the local managerial capacity of local organizations to receive and manage international funds.

- Encourage networking and coordination of HIV and AIDS players and activities

- **Recommendations for additional studies**

- Evaluate the efficacy of outreach counselling and testing programmes. This was not a component of this study, at the time this study was conducted outreach activities were not taking place on a regular basis.

- Evaluate the efficacy and cost effectiveness of rapid testing versus traditional laboratory testing. The findings from this kind of evaluation could provide evidence for introducing rapid testing technology.

- Additional research is urgently needed to evaluate the feasibility, acceptability, and effectiveness of VCT centres located in Institutes for public health. This way the basis for further development of VCT centres could be assessed, with a clear plan and facts about these institutions' capacities (technical, human and other) for providing quality counselling services.

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## APPENDIX 1: List of key informants

### *Organizations Visited and Individuals Interviewed*

Organization	Name	Title
<b>GOs</b>		
Republican AIDS Committee	Dragan Ilic Verica Ilic	Head of group for prevention Head of group for VCT development
Student's Polyclinic	Mila Paunic	
IPH Belgrade		
<b>International Agencies</b>		
UNICEF	Jelena Zajeganovic	Project officer adolescent
UNAIDS	Milos Stojanovic	Project assistant
<b>NGOs</b>		
Youth of Jazas	Karlo Boras	Director
Jazas	Gordana Jurican	VCT outreach counsellor
Veza	Miodrag Atanasijevic	Project coordinator

## APPENDIX 2: questionnaire for telephone survey

### VCT Evaluation

#### 1 – Operational aspects of VCT centre

1	<b>Brief description of VCT centre (location, working hours, waiting room, counseling rooms)</b>
2	<b>How many counsellors work in VCT centre? What kind of training counsellors received ?Background of counsellors? Role selection?</b>
3	<b>The most difficult problems counsellors encounter?</b>
4	<b>Description of testing and counselling procedure</b>

<b>5</b>	<b>Number of performed HIV test and counselling sessions? Number of false positive results? (last year)</b>
<b>6</b>	<b>The most common reasons for testing (doctor referral, risky sexual behaviour, intravenous drug use)?</b>
<b>7</b>	<b>Cooperation with other organisations and institutions? Referral that is the most needed?</b>
<b>8</b>	<b>Financing of the VCT centre</b> ( <i>health insurance, national/international donations</i> )
<b>9</b>	<b>VCT center quality assurance (data base, supervision)</b>

<b>10</b>	<b>Use of VCT protocol in everyday work?</b>

## **2 – Evaluation of the national preparedness for VCT implementation**

<b>1</b>	<b>According to your opinion, how developed VCT centre are in our country?</b>
	<b>Describe difficulties VCT centers are facing in their work</b>
	<b>According to your opinion, what should be changed in the VCT development in our country?</b>