



Voluntary Counseling and Testing (VCT) at Government Health Set-up: A good Practice Model for EMPHASIS

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Introduction: VCT is proven to be an important intervention that enables improvement in the awareness, prevention and control of HIV and STIs in high risk groups. As Bangladesh is a low prevalence country there are limited VCT facilities and almost all of existing facilities are offered by Non Government Organizations and targeted at 'traditional' risk groups (i.e. sex work, Men who have sex with men, injecting drug users).

Results

No. of clients	who were	diagnosed	through
EMPHASIS sup	ported 2 VC	sites in Ban	gladesh

Age groups	Male	Female	Total
>15	10	6	16
15 – 24	406	99	505
25-49	318	299	617
50+	29	11	40
Total	763	415	1178

 Test Status (n=11/8)
Positive
2.3%
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Negative
97.7%

Took Chatura (n=1170)

Migration status of PLHIV						
Status	Male	Female	Total			
Migrant Worker	7	14	21			
Child	3	1	4			
Spouse left at home	1	1	2			
Total	11	16	27			

Out of 14 female migrants 6 were engaged as sex worker in India



Data source: Daily VCT data from 2 VCT centers and case studies (n=27)

Project and Activities: Enhancing Mobile Population's Access to HIV and AIDS Information Services and Support (EMPHASIS), a pioneer operations research and the first sub-regional project between Care-Bangladesh, India and Nepal aims to reduce the HIV vulnerabilities among cross border migrant workers. In EMPHASIS project areas (Jessore and Satkhira districts), as there is high mobility between Bangladesh and India, key government and local stakeholders (including impact population) recommended the establishment of VCT centers to create the access of VCT services at Government of Bangladesh health set -up for migrants as well as others at risk population. In response, EMPHASIS supported the establishment of 2 VCT centers in the government health facilities on 30 April 2012 at Satkhira Sadar Hospital and on 20 May 2012 at Jessore Sadar Hospital (250 beds), including provision of trained and skilled counselors, capacity building on VCT and care & support services and promotion of VCT services through project staff.

Key Findings: The VCT findings revealed that out of the 1178 people tested between May 2012 and August 2013, 27 people tested HIV-positive (all of whose families have histories of migration to India) and EMPHASIS linked them to PLHIV self-help groups for treatment, care and support services.

The referral linkage facilitated by EMPHASIS between VCT centers, other government and non-government settings is critical to ensure sustainable service access for the key population. EMPHASIS is advocating for a counselor position in government hospitals human resources set up, and support for VCT KIT especially where there will be VCT centers.

Conclusions: This intervention emerged as a key strategy of HIV prevention through identifying vulnerable and affected communities and linking them with services as well as creating awareness at wider stakeholders and community level.