# Evaluating the Implementation of Couples HIV Counseling and Testing (CHCT) among Most at Risk Populations: An Experience from Bali, Indonesia

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# **Background:**

- A pilot project of CHCT was conducted among most-at-risk populations (MARP) in Bali from April to September 2013.
- The project provided financial incentives for outreach workers and counselors during the implementation.
- The study evaluated the process of CHCT program and explored the readiness to continue the program implementation.

## **Methods:**

- A mixed method study conducted in July-December 2013.
- The number of couples participated during and after the project were compared.
- Four focus group discussions were conducted with counselors and outreach workers
- In-depth interviews conducted with 22 couples (men who have sex with men, female sex workers and their partners).

# **Results:**

- One hundred couples participated during the 6 month project (average: 16-17 couples/month).
- The number, however, decreased significantly with only 19 couples in the following 5 months (average: 3-4 couples/month).
- Due to the availability of incentives for staff, they were more active in searching and enrolling clients during the project than after the project.
- Counselors and outreach workers face more challenges in CHCT than in the individual VCT, particularly the issues of couples' separation, significantly increased workload, and a limited number of trained counselors.
- Interviews with couples show the need of better services and supporting facilities such as afterhour services, treatment support system, computerised data management, one day laboratory service, and more friendly staff.
- Even though the level of knowledge was generally good, there were some misperceptions among couples regarding the natural history of HIV infection, therefore complete information during the counseling process is required.

# **Conclusion:**

CHCT among MARP in Bali can be sustainable, however, some kind of incentives and training for counselors are needed to motivate staff, while promotion of CHCT and improved facilities are required to attract couples and to provide better services.







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