

**THE UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF HEALTH**

**A GUIDELINE FOR THE DISTRICT HEALTH  
MANAGEMENT TEAM (DHMT) ON COUNSELLING  
SERVICES**

**NATIONAL AIDS CONTROL PROGRAMME (NACP)**

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## **INTRODUCTION**

The Ministry of Health expects the DHMT to plan and implement health care packages at district level. The packages include a number of intervention activities addressing various health and medical issues. Some of the issues are those related to HIV/AIDS and in particular counselling services. The guideline provide a framework within which to establish and provide counselling service in hospitals. The issues raised in the guideline are to be adhered to in order to ensure that the highest standards of the service are maintained and the best interest of the clients are served. This document addresses: A) Steps for establishing counselling services in the Health Care Delivery Systems. B) Guidelines for Technical Supervision.

### **A. Steps for establishing Counselling services in the Health Care Delivery System.**

#### **1. Orient and Sensitize DHMT, Health board and Health workers**

DHMT and the Health Board need to be aware that counselling services are an intergral part of Health services. They should appreciate the importance of competence in this field, hence DHMT members have to be trained in counselling skills. They will have to observe confidentiality, since this is the backbone of counselling and therefore counsellors have to establish suitable enviroment to facilitate confidentiality for their clients.

DHMT and the Health Board members will have to ensure that proper monitoring and supervision mechanisms of all counselling services are put in place.

## **2. Orientation of key Health workers/Departmental Heads in the district**

Health workers need to know the importance of counselling services for different categories of patients particularly HIV/AIDS patients, chronically-ill patients, or those with terminal conditions. Other categories requiring counselling services include cases of rape, parents with sick children, STDs and other reproductive health issues.

All personnel must be familiarized with counselling services and referral procedures should be put in place and followed. Local government leaders need to be sensitized on the role of counselling services as part of health services. These leaders should be made to realise that patients from all departments may require counselling services. These counselling services need to be well planned. This includes provision of appropriate facilities and equipment. Local government leaders need to be aware of the budgetary implications of having counselling services in the hospital so that they can include it in their annual budget.

Hospital based counselling services can only be run effectively and efficiently if all the clinicians facilitate referrals within the hospitals. All clinicians need to be sensitized and trained on the use of counselling services and referral procedures.

## **3. Selection of Trainees**

It is important that, the counsellors get a thorough training before establishing the counselling service in the hospitals. It is stipulated in the Guidelines and standards for counselling and supervision that, each hospital should have at least two trained counsellors.

- In order to select appropriate candidates for training, DHMT should include in their criteria for selection the following:
- The person should show interest by applying for the job or training. The application should be accompanied by a reference letter from a responsible person.
- The person selected should be mature, that is, one who has a sense of responsibility, commitment and good public relation skills.
- The selection for counsellor trainee should be done by a panel.
- The Counsellor trainee should have a background of a nurse, a social worker or a clinician and should not be in a leadership position.
- The person should have a working knowledge of English and Kiswahili.

**4. Training for the selected Counsellor trainees.**

- A budget for training of the hospital based counsellors should be arranged by DHMT.
- The duration of the training is 6 weeks and has been recommended to be conducted in CEDHA Arusha and Iringa PHC Institute.
- Counsellors must get continual training to sharpen their competence and update their knowledge.

- Refresher courses have been recommended and planned for in the curriculum for the counsellor's training.

#### **5. Provision of working Space and Requirements.**

- The working space should be a well ventilated room which offers privacy and serenity to facilitate the counselling process.

#### **6. Interviewing Room Requirements**

Requirements include furniture - three to four chairs, a working table and lockable cabinet for record keeping. Other office requirements include stationeries such as Files, Papers etc.

#### **7. Provision for Supporting the Counsellors.**

DHMT should make sure that counsellors are supervised by a trained supervisor on regular basis in accordance with the MOH Guidelines for integrating Counselling Services in the Health Care Delivery Systems. This monitors professionalism in the counsellors' work, leads to growth in counsellor's skills development and prevents burn-out.

In addition Counsellors in the same setting can initiate horizontal supervision in which counsellors provide support/ supervision to each other in a peer group.

## **8. Counselling standards:**

It is very important to have standards for counselling so that professional ethics are observed.

**The standards we are addressing here relate to the following:**

1. Competence
2. Responsibility
3. Confidentiality

### **8.1. Competence:**

**The counsellor must:**

- Have knowledge of the expectations, needs and concerns of the type of people he/she is dealing with e.g. adolescent, the HIV seropositives, the AIDS patients, the Bereaved, and the terminally ill.
- Have accurate and up to date information on issues affecting these clients: for example HIV/AIDS, Cancer etc.
- Have undertaken a basic course in counselling training and should consistently seek ways of increasing his/her professional development and self-awareness.
- Know the limits of competence and seek appropriate help such as through a referral system or a supervision system.

## **8.2. Responsibility:**

### **The counsellor must:**

- Observe professional ethics during counselling
- Recognize the value and dignity of clients irrespective of origin, status, sex, age, race, belief etc.
- Maintain a professional relationship with the clients.
- Stop counselling, refer the client and seek advice from his/her supervisor when the counselling relationship becomes emotionally or technically unmanageable.
- Acknowledge own weakness and be able to seek advice from supervisors and to refer the client to other helpers.
- Encourage and facilitate the self-development of clients.
- Be dependable, reliable and faithful.
- Be committed, attentive and resourceful.



### **8.3. Confidentiality**

- The counsellor must not reveal information about the client to anyone without securing his/her consent, except when there is intention to commit suicide/crime or serious harm to another person.
- The client should be made aware that the counsellor breaks confidentiality (for the betterment of the client). He/she needs to choose what is adequate to the content of the request and how best to express it.
- The counselling environment should ensure confidentiality of the counselling process.
- A room should be set for the counselling. It is to be well-ventilated, calm and offer privacy, clean, orderly and modestly furnished with a lockable cabinet where client's personal records are kept under lock and key.
- The counsellor must develop a recording system which will allow confidentiality, for example, code number which will appear on client's files instead of their names.

**The following records are to be kept.**

- a. A registration card for every client.
- b. A summary of counselling sessions for each client.
- c. CFI to CF6 forms
- d. A list of presented problems in coded form
- e. A register book for client's names and their code numbers
- f. A directory for his/her referrals
- g. A diary of Supervision

From the above records, a counsellor can establish a database which can later be a valuable tool for studies and researches

## **B. GUIDELINES FOR TECHNICAL SUPERVISION**

The supervisor should have a background in Counselling. The primary role of the technical supervisor is to ensure that the counsellor is addressing the needs of the clients effectively. Hence, the supervisor monitors, develops and supports individuals in their counseling role. Needless to emphasize that the supervisor must be psychologically healthy and should be guided by professional ethics.

The type of supervision he/she provides is an in-depth technical approach which is different from managerial supervision. The latter deals with administrative information gathering and should be provided by the line manager in each hospital.

### **Role of Technical Supervisor**

- To monitor people in the field in order to ensure that the Counselling guidelines are followed i.e. if ethics are adhered to.
- To provide technical support by establishing effective ways of communications i.e.
  - being accessible
  - being available
  - allowing convenience for consultation
- To give guidance in crisis situation such as exploring the problem with the counsellors.
- To discuss cases management with counselors and to assess professional competence by the following process:

- Counsellors to present a difficult case to the supervisor and how it was handled e.g. skills used. The supervisor listens critically if appropriate skills were used and provides guidance where necessary. Ethical issues like confidentiality, reliability and responsibility are also examined. To reinforce good Counselling skills and counsellor professional growth.
- To identify the strengths and the weaknesses for the counsellors individually and as a group. For instance individually, the counsellor may avoid certain types of problems. As a group, counsellors may have similar deficiencies e.g. knowledge gap. Strengths may include punctuality, reliability and a well functioning peer support group.
- To identify areas of counselling that need to be emphasized in refresher courses and advise the trainers accordingly.

## **SUPERVISION SET UP**

**Two main set ups are to be practiced.**

**1. Horizontal supervision.**

It is also known as Peer Supervision - whereby counsellors of the same level may form a peer supervision group and meet regularly to share experiences, discuss difficult cases, skills used, strengthening each other and preventing burnouts.

**2. Vertical Supervision**

In this setup a more experienced supervisor meets with a group of counsellors on regular basis.

An experienced supervisor can also meet one Counsellor at a time but it is uneconomical.

Group settings as discussed above have many advantages such as:

- economical in terms of time and money
- providing a supportive atmosphere of peers for identification and anxieties sharing
- providing a greater range of input, reflections and feedback and consequently less domination by and dependency on the supervisor.
- providing wider range of life experiences
- providing more scope to use action techniques
- providing an opportunity to learn from other people's successes failures as well as one's own.

**COUNSELLING FORMS BRIEF**

**INTRODUCTION**

The NACP has realized the need for systematic recording of counselling activities. To effect such a system, a series of forms are needed such forms should be well known by the counsellors who will be the main users of them as well as health Officials, in particular of the NACP from district to national level. The following six forms have been prepared for use in this endeavor.

**Cf1: COUNSELLOR'S QUARTERLY RETURNS**

The counsellor will fill five copies of this form. The counsellor will retain the original and send copy to each of the following: The DMO supervisor, Regional AIDS Control Coordinator (RACC) District AIDS Control Coordinator and NACP.

**Cf2: COUNSELLING ANNUAL REPORT**

To be filled by all counsellors at the middle (six months) and at the end of the year. The forms will be filled and distributed as Cf1.

**Cf3: CLIENTS REFERRAL FORM**

This form will be an effective way of communication between the caring network. It will be used by the counsellors and all the people included in the counsellor's network; provided such people agree to the same rules of confidentiality (see Cf4).

**Cf4: COUNSELLORS COMMITMENT TO CONFIDENTIALITY**

This form is to be filled and signed by anybody who is involved in all matters pertaining to the client's serostatus and all matters the client likes to keep confidential.

**Cf5: COUNSELLING REGISTRATION FORM**

This form is to be filled in by the counsellor who sees the client on the first visit. It contains general information about the client and could be used as a cover of the clients file which is kept confidential.

**Cf5: ATTACHMENT TO CF 5.**

This form is to be filled in by the counsellor on the client and all the subsequent visits. This form must be kept in the client's file and kept confidential.

**Cf6 : CLIENTS CONSENT TO PASS ON INFORMATION TO THIRD PARTY.**

This form is to be filled in and signed by the client for authorizing the counsellor to pass on information to a third party, and will be kept by the counsellor.