THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

GUIDELINES AND STANDARDS FOR COUNSELLING AND SUPERVISION

NATIONAL AIDS CONTROL PROGRAMME(NACP)

JUNE, 1999

ISBN 9987-650-08-2

2. Responsibility

The counsellor must:

- Observe professional ethics during counselling.

- Recognize the value and dignity of clients irrespective of origin, status, sex orientation, 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 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

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 will not keep confidential any information that will harm him/her or another person.

- When it is necessary that a counsellor breaks confidentiality (for the betterment of the latter) 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.

4. Accountability

Accountability to the client:

Counsellors have to facilitate growth and change without undermining the individuality of the client. The counsellor encourages clients to improve their life skills while maintaining their uniqueness as individuals.

PREFACE

With the escalating of HIV/AIDS situation in our country there has arisen a need for new approaches to counselling services to cope with the fears and worries of the infected and affected.

Thus a document spelling out guidelines for counselling has long been overdue. It is with some relief that the guidelines are now in place. The guidelines will be of help in a number of ways.

First, it specifies the main principles of counselling that if observed will ensure high standards of service delivery.

Also, it provides guidelines for supervision in order to make sure that counsellors are properly monitored, guided and supported. This too is a strategy for ensuring high standards of performance.

In addition, the guidelines spell out the roles to be played by various levels of the health sector starting from the Ministry of Health itself down to the District Health Authorities.

Lastly, the guidelines recommend counsellor selection criteria. Referral procedures and approaches for special groups.

It is hoped that these guidelines will be very helpful to all those working at various levels of counselling activities and will enhance their capability and confidence.

M.J.Mwaffisi
Permanent Secretary
Ministry of Health.

LIST OF ABBREVIATIONS

1.	AIDS	Acquired Immuno Deficiency Syndrome
2.	CEDHA	Centre for Education Development in Health Arusha
3.	C F	Counselling Form
4.	CSSU	Counselling and Social Support Unit
5.	DANIDA	Danish International Development Agency
6.	DHMT	District Health Management Team
7.	DMO	District Medical Officer
8.	FP	Family Planning
9.	MOH	Ministry of Health
10.	MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
11.	NGO	Non Government Organisation
12.	OPD	Outpatient Department
13.	PR	Public Relation
14.	RHMT	Regional Health Management Team
15.	RMO	Regional Medical Officer
16.	STD	Sexually Transmitted Diseases

1. INTRODUCTION

Counselling services have always been a component of the Health Care System in the country. Medical personnel have always practised counselling although, often they were not trained in the techniques.

In Tanzania, traditionally support systems including advising individuals and family existed in the community. Due to new developments, changes in the family structure and new diseases like HIV/AIDS coming up, counselling has taken a new direction and has become more needed. NACP has since 1989 started to formalise counselling services for HIV/AIDS all over the country. More than 600 counsellors had been trained until 1990, nation wide. A follow-up study (Nkya,L.and Mhina, S. 1990) revealed that only 16 out of 600 were practising. The reasons found for not practising were mainly due to inadequate training, lack of follow-up, proper supervision, and previous sensitisation to important Hospital Administrators and no acceptance in the hospitals.

Another study has shown that, with good training, close supervision and establishment of a good support system and network, involving the hospital staff and administration, the counsellors continued doing counselling and improved much in rendering the services (Biswalo. Lugobola, Nkya, 1996).

The Ministry of Health has realised that, counselling services are crucial in the health care system and that there is a need for the services to be integrated in the health care delivery system. Counselling services are to be provided to all categories of patients who need them.

Counselling is not a new service in Tanzania. It has been offered in different fields such as in health, for example, the terminally ill, for family planning, in education and in employment. However, with the HIV pandemic and the nature and the escalation of HIV infection and the AIDS disease itself the need for couselling has received and added impetus. Counselling principles have to be called for.

It is with this background that the Ministry of Health, through the NACP and with DANIDA's financial and technical support, selected a group of experts to develop and produce guidelines that will help to standardise, streamline and ensure the quality of counselling for HIV/AIDS and to some extent for other health conditions.

2.0 GUIDELINES FOR HOSPITAL ADMINISTRATORS TO INCORPORATE COUNSELLING SERVICES.

2.1 Each hospital should have at least two well trained counsellors.

2.2 Each health facility should render counselling services to clients in need (see list of clients/ patients who need counselling) in Table I.

2.3 The administration of the hospital should make sure that there is enough space for counselling in which privacy can be maintained. The rooms should have the following.

- Table(s)
- Chairs-arm chairs
- Lockable cupboards for locking up equipment's and confidential materials
- Examination coach
- Filing cabinet

2.4 The hospital administration should:

- Make provision for on-the-job training and sensitisation of counselling to other workers.
- Make provision for supporting the counsellors
- Make sure that their counsellors are kept up to date with developments in their field with new changes.
- Liase with NGOs and other social support system in the community for continuity of care.
- Involve religious leaders to give counselling services for spiritual strengthening.
- Budget for this service and be included in the annual budget of the institution.
- Set a clear referral system from or to the community.
- Carry out annual performance review of counselling services.

3.0 CRITERIA FOR SELECTION OF BASIC HOSPITAL BASED COUNSELLORS

3.1 A person selected should be mature, that is one who has a sense of responsibility, commitment and good public relations (PR).

3.2 One who shows interest by applying for a job or training. The application should be accompanied by a reference letter from a responsible person.

3.3 The selection for training or for a counsellor should be done by a panel.

3.4 The post of a counsellor or the opportunity for training should be advertised by the hospital.

3.5 The hospital based counsellor should have undergone a six weeks training on counselling

3.6 A counsellor should have a background of a nurse, social worker, and a clinician, but should not be in a leadership position.

3.7 The person should have a working knowledge in English and Swahili

4.0 JOB DESCRIPTION FOR A HOSPITAL-BASED COUNSELLOR

Qualifications

- A nurse, a social worker or clinician
- Should have undergone training on counselling for at least six weeks.

Answerable to:
Hospital Management

Major responsibilities

1. To provide counselling services to clients/patients in need in the wholehospital setting.
2. To develop a networking and referral system in collaboration with the management of the hospital.
3. To develop a recording system which always has to be updated and to report to hospital management.
4. To make a time-table for counselling and follow up of clients/patients.
5. To sensitise hospital community on counselling and to promote counselling in the hospital.
6. To set time for supervision for both peer group and vertical supervision.
7. To provide on-the-job training on counselling to other professionals working in the hospitals.
8. To be a resource person for the entire hospital and teaching institutions attached to the hospital.
9. To collaborate with other counsellors and professionals in the hospital and work as a team.
10. To adhere to professional ethics when providing counselling services to clients/patients.
11. To keep all information on clients/patients confidential
12. To carry out any other job related to counselling as will be given by the hospital management.

5.0 CATEGORIES OF CLIENTS/PATIENTS TO RECEIVE COUNSELLING SERVICES

5.1 Introduction

Counselling services are needed widely for all categories of patients with chronic diseases and in crisis of life, including HIV/AIDS clients and significant others, see table I.

TABLE I.

CATEGORY OF CLIENT/PATIENT	AREA OF SERVICE	TYPE OF COUNSELLING
HIV/AIDS patients	Medical an surgical Wards	Pre-and post test Supportive counselling
Terminal diseases e.g. cancer, AIDS etc.	Hospital Wards	Supportive counselling
Crisis e.g., rape, loss of significant other	Clinics or centre	Supportive counselling including referring for legal advice especially for rape.
Parents with a very sick baby/child/HIV positive	Ward and clinics	Supportive counselling
Bereaved people	Wards and homes	Supportive counselling
Orphans	Ward, clinic and centres	Supportive counselling
Psychological problems e.g. stress, depression, anxiety	Ward and clinics	Supportive counselling
Pregnant women	Antenatal clinics	Counselling for high risk, supportive counselling decision making counselling.
STDs	Wards and clinics	Counselling for high risk to change behaviour. Decision making counselling.
Health Workers	At work place	Supportive counselling

6.0 REFERRAL SYSTEM

There should be a system of referral within the hospital. A client can be referred from any unit within the hospital to a counsellor.

The counsellor can refer a client for laboratory investigations, but confidentiality must be also observed between the laboratory, the ward and the counselling unit in cases of HIV/AIDS. A coding system can be used for any written communication between individuals or institutions or on discharge, a personal note can be given to the patient.

Referral from the Doctor to the counsellor can be done through a written note, but care should be taken to avoid leakage of confidential information.

The counsellor can refer a client to the community or to a home-based care provider for follow-up. In all these occasions care should be taken to maintain confidentiality.

In facilitating referral a clear and simple referral form has to be designed by the hospital.

7.0 STANDARDS FOR COUNSELLING

The purpose of these standards for counselling is to provide a framework within which to work in accordance to code of professional ethics.

Standards for Counselling are built on the following principles:

1. Competence
2. Responsibility
3. Confidentiality
4. Accountability

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. adolescents, the HIV seropositives, the AIDS patients, the Bereaved, the terminally ill.

- Have accurate and up to date information on issues affecting these clients: for example HIV/AIDS, cancer.

- 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 to competence and seek appropriate help such as through a referral system or supervision system.

2. Responsibility

The counsellor must:

- Observe professional ethics during counselling.
- Recognize the value and dignity of clients irrespective of origin, status, sex orientation, 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 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

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 will not keep confidential any information that will harm him/her or another person.
- When it is necessary that a counsellor breaks confidentiality (for the betterment of the latter) 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.

4. Accountability

Accountability to the client:

Counsellors have to facilitate growth and change without undermining the individuality of the client. The counsellor encourages clients to improve their life skills while maintaining their uniqueness as individuals.

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 researchers.

8.0 MAJOR ROLES OF COUNSELLING AT EACH LEVEL OF HEALTH CARE DELIVERY

Each level of the health care delivery system has a role to play in the provision of counselling services. The following table lists major roles at different levels of health care delivery system.

Table 2a) MAJOR ROLES FOR THE COUNSELLING SERVICE AT MINISTRY LEVEL

LEVEL OF SERVICE DELIVERY	WHAT ACTIVITIES	HOW TO CARRY OUT THE ACTIVITIES	(WHEN) TIME OF THE ACTIVITY
1.Ministry of Health	1. Developing and reviewing counselling Policy Guidelines, Standards and Protocols.	- Analysis of activity reports and supervisory reports. - Review literature - Seminars/Workshops - Use of experts	- Beginning of programme/ service - When need arises
	2. Set national counselling and social support service targets	Developments of service plan using stated objectives; interpreting policy guidelines and service standards	- Beginning of programme/ service - During regional and other national meetings.
	3. Co-ordination of counselling services in public and private health sector.		
	4. Monitoring and evaluating counselling services rendered by public, NGO's and private health institutions	- Receiving service reports to compare achievements with set standards. - Periodic follow up and provision of supportive supervision.	Beginning of services for base line data An on going process - Monthly - Quarterly - Half yearly
	5. Monitoring and evaluating quality assurance activities.	- Developing tools for data collection - Evaluation of the service using the tools	- Yearly
	6. Establishing and monitoring training standards.	Developing/review counselling curriculum, strategies to respond to identified and emerging needs.	Beginning of the services during review meetings.
		Co-ordinating training of counsellors who will providequality counselling services to public, NGO's and private health institutions.	
		Developing programme of refresher courses for the development and support of counsellors	
		Disseminating training curriculum and materials that will enhance standardisation of counselling services.	
	Monitoring and evaluation of training of counsellors as per set standards.	Evaluating the effects and impact of training on service availability and quality	- Beginning of services to establish baseline status. - Annual reviews

Table 2b) MAJOR ROLES FOR THE COUNSELLING SERVICE AT DISTRICT LEVEL

2.District levels	Budget for counselling services in each regional/ district hospital	Involve the counsellors and DHMT to come up with feasible budget	Beginning of service and each financial year.
	Plan for counselling services within the district plan	Involve counsellor, and DHMT in planning taking into account resources available.	Beginning of service, and during each fiscal year.
	Supply equipment and materials for counselling services.	- According to services provided - Maintain record of services delivery	Beginning of service and at a time according to plan.
	Monitor service performance against set standards and target for each regional/district	Use service records to: - Compare service achievements against set standards and targets - Compare services between the beginning of service up to date. - Conduct periodic service studies/surveys to: - Assess the best approach in counselling of clients.	- Beginning of service for baseline data. - On going process Yearly Monthly Quarterly
		Monitor adherence to service standards and policies. - Provide supervision - Administrative - Technical	
		Dissemination of new information though circulars and publications. - Refresher and updated training.	- Whenever there is new information. Periodically organised \ training to respond to needs

9.0 GUIDELINES ON SUPERVISION

The term supervision in counselling encompasses a number of functions that are concerned with monitoring, developing and supporting individuals in their counselling role. It leads to growth in counsellors and skills development as well as preventing burn-out. Supervision is a process which monitors professionalism, hence a counsellor should not work without regular supervision.

The supervision of hospital based counsellors will be of two types:

1. Administrative supervision
2. Technical (Tutorial) supervision

a. Administrative supervision will be provided by each hospital management team and the guidelines for this type of supervision is attached as appendix I.

b. Technical (Tutorial) supervision is to be provided by technical supervisor at four levels (see the diagram appended as appendix II).

Level I. Supervisors at National level:

1. Two persons will be identified and trained in counselling and supervision
   a. The two will be based at MOH in the directorate of hospital services but will also collaborate with the training directorate.

   b. They will be responsible for policy issues, setting guidelines and the overall professional implementation of the counselling services.

   c. They will work with the supervisors based in the Zonal Continuing Education Centres to sensitise Regional Health Medical Teams (RHMT) and District Health Medical Teams (DHMT) and ensure that guidelines are understood and followed.

   d. They will provide vertical supervision to the counsellors in the regional hospital by paying annual/ biannual visits to the above Continuing Education Centres. The two visits will be organised at the same time that the biannual group supervision of the district hospital based counsellors take place.

   e. The National level two supervisors will receive supervision reports on quarterly basis from the supervisors based in the zonal continuing Education centres.

   f. Through reports and visits the National supervisors will identify issues in which counsellors need further training.

Level 2. Supervisors at Zonal Continuing Education Centres:

1. One counsellor trained in supervision skills will be based at each of the following Continuing Education Centres, CEDHA, Morogoro, Kigoma, Iringa and Mtwara and Mwanza.

    a. Each supervisor will be responsible for the counsellors in that zone.

    b. Each supervisor will provide vertical group supervision to the regional hospital counsellors on quarterly/biannual.

    c. Each supervisor will assist the supervisors at National level in sensitising Regional Health Management Teams (RHMT) and District Health Management Teams (DHMT) on counselling services and ensure that guidelines are well understood and followed.

    d. Each supervisor will process identified issues for further training and organise such training.

    e. Each supervisor will receive quarterly reports from the Regional Hospital supervisors.

Level 3 Supervisors at Regional Hospitals:

1. In each regional hospital one good counsellor will be trained in supervision skills.

    a. The supervisors will be responsible for:
    Convening and providing an annual vertical group supervision to all counsellors in his/her districts.

    b. The supervisors will produce quarterly reports to the Regional Health Management Team. A copy of the report will be sent to the supervisors at centres for continuing education.

Level 4 At District Hospitals:

In each district hospital one counsellor will be trained in supervision skills.
The duties for these supervisors are:

- To provide immediate supervision to all the counsellors in her/his catchment area.

- To convene and provide vertical group supervision to all counsellors in his/her catchment area.

- To compile monthly report to DHMT and to the supervisor according to MTUHA.

Horizontal supervision

a. Counsellors in the same hospital will have a weekly horizontal group supervision meetings.

b. Counsellors will consult each other when necessary.

References

1. Biswalo, P. and Lugobola, G (1996) The Impact of Monitoring and Supervising Specially Trained Hospital Based HIV/AIDS Counsellors.

2. Hunt, P(1986) Supervision Marriage Guidance

3. Nkya, L. And Mhina, S. 199). Need Assessment for AIDS counselling and Social Support in Tanzania.

4. The United Republic of Tanzania, MOH, NACP(1995) National Policy on HIV/AIDS/STDs.

5. The United Republic of Tanzania, MOH, NACP, (1989). Guideline on Testing Control and Management of HIV/AIDS.

Bibliography

1. Dryden, W. and Thorne, B. (1991) Training and Supervision for Counselling in Action. London; Sage.

2. Gould, S. and D. Maclean (1988) The Helping Process: An Introduction, New York; Crom Helm.

3. Nzamwita, V.B. 1993. A Study of the Recommitment, Selection, Training and Support given to volunteers in three helping Counselling Agencies in England. Research Dissertation Submitted as Part of the Requirements for M A Degree in Counselling Unpubl.

4. Varah C. (1987) The Samaritans: Befriending the suicidal, London, Constable.

5. WHO 1990. Guidelines for Counselling People about Human Immondeficiency Virus (HIV) Global Programme on AIDS. Draft for Internal circulation.

GUIDELINES FOR ADMINISTRATIVE SUPERVISION

When conducting supervision for administrative purposes the supervisor must observe the following:-

- Responsibility to clients: managerial supervisors must see that clients are getting timely, appropriate and confidential counselling.

- Make provisions for referrals and follow-up of clients

- See to it that counsellors maintain a system of client records and ensure their confidentiality.

- Should see whether to the appropriateness of the counselling environment, does it offer privacy and serenity. Counselling room must be orderly, well ventilated and modestly furnished with a lockable cabinet.

- Supervision of Counsellors by an expert:
  Both training and supervision are of central importance within the professional practice of counselling. The hospital management team must plan for the technical supervision of their counsellors.

- Training counsellors: The Hospital management team must ensure that all counsellors undergo a recognised training. Once they are trained the counsellors must continue to be nourished and sustained through proper supervision.

Setting of supervision

Hospital management must make a decision on which supervision setting to adapt. The following information might help in making the above decision.

1. Vertical

1.1 One to One

In this setting an experienced supervisor works with one counsellor. It is a good option but expensive.

1.2 One experienced supervisor working with a group of counsellors

1.2.1 Advantage of group supervision

- Economical in terms of time and money
- Provides more inputs, reflections and feedback than that of one to one supervision
- Provides an opportunity to learn from other people's successes and failures as well as one's own.
- Provides less domination by the experienced supervisor

1.2.2 Disadvantages include

- Being likely to mirror the dynamics of individual counselling as clearly as would individual supervision.
- Having to contend with group dynamics which can be used as part of the supervision process but which can become either destructive or preoccupation.

2. **Horizontal supervision**

2.1 This is when counsellors of the same level form themselves into a peer supervision group.

2.2 This type of supervision can be for colleagues sharing a rota or for counsellors from the same neighbourhood. One advantage is that it gives emotional support to counsellors more than the less frequent vertical supervision.

It is suggested that both modes be used i.e

1. Vertical supervision with a group of counsellors

2. Horizontal supervision

GUIDELINES FOR TECHNICAL SUPERVISION (TUTORIAL SUPPORT SUPERVISION)

The primary purpose of this type of supervision is to ensure that the counsellor is addressing the needs of the client. Supervisors are therefore responsible for helping counsellors reflect critically upon their work with clients.

How is this done?

1. **Reflection on the content of the counselling session**
   - What clients presented
   - Which area of their life they wanted to explore
   - How a particular session's content relate to the content of the previous session.

2. **Exploration of the strategies and interventions used by the counsellor.**
   The supervisor will focus on the following:
   What interventions were used when why and how. Here alternative strategies are suggested and consequences are anticipated. This method strengthens the counsellor's choices and skills in interventions.

3. **Exploration of the counselling process and Relationship.**
   Here the supervisor is trying to see how the session started and finished, what happened at the beginning and at the end, was the rapport properly formed, exploration done, action reached, and if the counsellor prepared the client for the termination.

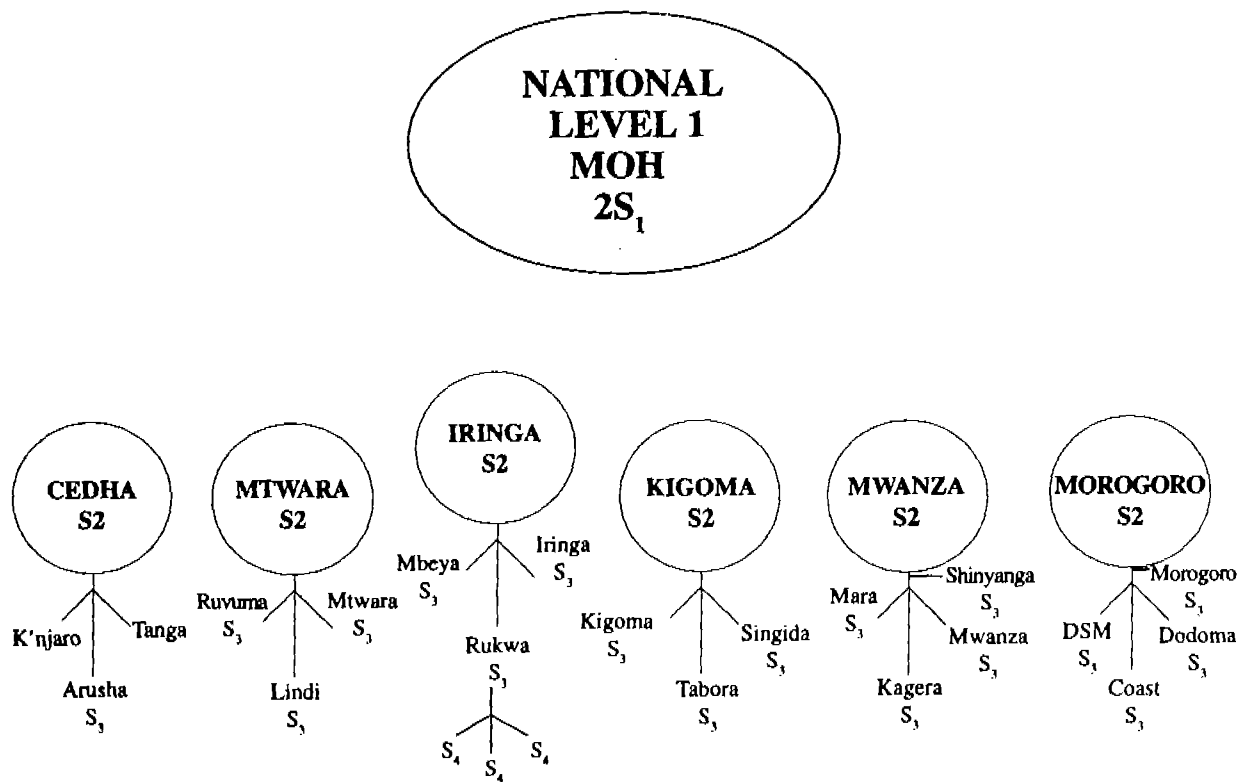
4. **Focus on here and now process as a mirror or parallel of the there and then process.**
   Here the supervisor focuses on the relationship in the supervision in order to explore how it might unconsciously play out or parallel hidden dynamic of the counselling process.

   Hunt (1986) providing model for supervision seems to summarise the above. Here are his suggestions:

1. Case centred approach: The counsellor and supervisor discuss the case out there.
2. Counsellor centred approach: Which focuses on the behaviour feelings and processes.
3. Interactive approach which focuses on the interaction in the counselling relationship and the interaction supervision.

The supervisor's most crucial role is to assess accurately the needs of their counsellors and help them develop. To do this successfully one needs to have a clear understanding of the level of the counsellors, i.e. if he is a beginner or an experienced counsellor.

LEVELS OF TECHNICAL SUPERVISION FOR HOSPITAL BASED COUNSELLORS



KEY:
S1=Supervisor National Level
S2=Supervisor Centers For Continuing Education Level
S3=Supervisor Region Level
S4=Supervisor District Level