Sample Logic Model for VCT
Program Implementation and Technical Assistance
Problem Statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus, develop personalized risk-reduction strategies, and access care and treatment services.

**INPUTS**
- Funding from govt, GAP, & other donors
- Counseling and Testing Personnel*
- VCT protocols, guidelines, and training documents**
- HIV test kits
- VCT MIS**
- Referral system for prevention & Tx services**

**ACTIVITIES**
- Train counseling & testing personnel and site managers
- Provide pre-test counseling, HIV testing, and post-test counseling to all clients tested
- Provide pregnant HIV+ women with PMTCT services
- Screen HIV+ clients for (or refer to screening for) OIs and TB specifically
- Refer HIV+ clients to Tx services

**OUTPUTS**
- # personnel certified in VCT
- # clients received pre-test counseling, HIV tests, # clients received results & post-test counseling***
- # pregnant HIV+ women receive PMTCT services
- # HIV+ clients referred to or provided OI/TB screening
- # HIV+ clients referred to Tx, care & support including ARVs

**OUTCOMES**
- Quality of VCT increased
- Access to VCT increased
- Risk behaviors decreased
- Health outcomes of HIV+ improved

**IMPACTS**
- HIV transmission rates decreased
- HIV incidence decreased
- HIV morbidity & mortality decreased
- Increase in care, prevention, and treatment services for HIV+, HIV-, and discordant couples

* Personnel include counselors, lab techs & VCT site managers.
** At the beginning of programs, inputs such as VCT guidelines, protocols, management information systems (MIS), and referral systems will need to be developed and would be considered “activities” and “outputs”. When these products and systems are in place, they become “inputs”.
*** With rapid testing, pre-test counseling, testing, and post-test counseling occur within a short time-frame. Each step is identified because it is possible that there might be a short time lag between steps that may present the possibility of some client attrition.
**Problem Statement:** VCT is a critical entry point to HIV/AIDS prevention, care, and treatment services and needs to be provided consistently in a quality manner.

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**Inputs:**
- Funding
- MOH & NGO staff
- VCT training curriculum
- VCT MIS
- VCT Trainers and TA providers

**Activities:**
- Conduct VCT Training of Trainers (TOT)
- Provide TA to trainers to train district level staff
- Provide TA to clinics to recruit & train VCT staff

**Outputs:**
- # Participants complete TOT
- # Trainers train district level clinic staff
- # Clinic staff recruit & train VCT staff

**Outcomes:**
- Knowledge & skills to plan and implement VCT increased
- Knowledge of necessary referral linkages increased
- Quality of VCT increased

**Impacts:**
- # of effective VCT sites increased
- # receiving VCT services increased*
- Knowledge of HIV status increased*
- Knowledge about prevention, care, support, and Tx resources increased*
- Condom use increased*
- Risk behaviors decreased*
- HIV transmission rates decreased*
- HIV incidence decreased *
- HIV morbidity & mortality decreased *

*Outcomes & impacts accomplished indirectly through implementation of VCT by trained staff.

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*** With rapid testing, it is typical that pre-test counseling, testing, and post-test counseling occur within a short time-frame. Each step is identified because it is possible that there might be a short time lag between steps that may present the possibility of some client attrition.