

The Unique Identifier Code (UIC) as a System to track Key Populations - *The Experience of PACTE-VIH Project in Burkina Faso and Togo*

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Background and justification:

In providing HIV prevention and care services, the confidentiality of beneficiaries is key and anonymity is cherished. On the other hand, providing accurate data to program managers and reducing the use of proxy indicators are highly desirable. A client information tracking system is therefore required to meet the needs of both donors and beneficiaries. The Unique Identifier Code (UIC) allows for the monitoring of coverage of target key populations (KP) while maintaining the anonymity of individuals receiving HIV services and avoiding double counting.

Objectives:

- Anonymously track KP individual-level exposure to prevention, treatment and care services.
- Avoid duplication in counting KP who access services.
- Track navigation of KP between outreach services and health facilities.

Methodology:

A coding system which was culturally acceptable but anonymous was identified. This code was required to be easy to replicate and provide the same result in each instance over time. It therefore had to remain constant over time and be easy to retain. The UIC comprises a seven digit alphanumeric combination as follows:

1. Gender: example M or F
2. Last 2 digits of the year of birth: example 78
3. 1st letter of the last name: example H
4. 1st letter of the first name: example M
5. 1st 2 letters of mother's first name: example JU

The coding system was then piloted at the project sites. Peer Educators, health workers and representatives of implementing partners were then trained on how and when to issue, read and interpret the UIC. A database was designed based on the UIC system to capture project data.

Results:

- The UIC code allows the project to determine de-duplicated KP reached.
- It allows the project to monitor coverage of target KP.

- The UIC system is used in tracking KP navigation between outreach services and health facilities.

Conclusion:

A successful UIC system helps to produce accurate coverage data at the individual and population level while maintaining confidentiality. It can help track the movement of beneficiaries between outreach campaigns and health facilities. It has the potential to increase the engagement of KP in services because of assured anonymity.

Dissemination of this experience to the national coordinating bodies (NACP, NAC) and regional bodies (WAHO) may lead to the adoption of the UIC in the various countries in West Africa.

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