# Index Case Finding Toolkit

Namibia

September 2018

Technical Support to PEPFAR Programs in the Southern Africa Region (TSP) project

Cooperative Agreement: AID-674-A-16-00003

Baylor College of Medicine Children's Foundation Malawi

2nd floor Accord House

Lilongwe 3, Malawi

Contact persons:

Saeed Ahmed, Chief of Party, TSP

Email: sahmed@tingathe.org

Phone: +265-998-896-091

Jon Crisp, Senior Strategy Officer, TSP

Email: jcrisp@tingathe.org

Phone: +27-76-605-1351

ACKNOWLEDGEMENTS:

This toolkit is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents are the sole responsibility of Baylor College of Medicine Children's Foundation Malawi and do not necessarily reflect the views of USAID or the United States Government.

We would like to thank Tapiwa Tembo, Chrissy Chikoti, Rachael Sabelli and Katie Simon for the development of the toolkit. Special thanks as well to Robbie Flick for the toolkit's cover photo.

# Contents


Acronyms ........ 1

Introduction ........ 2

Index Case Finding Overview ........ 3

Step 1: Integration of index case finding activities into the health facility ........ 4

Standard Operating Procedure ........ 4

Scope ........ 4

Responsibilities ........ 4

Procedure ........ 5

Tools and Resources ........ 6

Index Case Finding Plan of Action Tool ........ 6

Step 2: Training Health Facility Staff ........ 9

Standard Operating Procedure ........ 9

Scope ........ 9

Responsibilities ........ 9

Procedure ........ 9

Tools and Resources ........ 10

ICF Training Agenda ........ 10

ICF Training PowerPoint Presentation ........ 12

Step 3: Implementation of Index Case Finding Activities ........ 13

Standard Operating Procedure ........ 13

Scope ........ 13

Responsibilities ........ 13

Procedure ........ 14

Tools and Resources ........ 17

M&E Tool: Screening and Documentation in the ART Department and HTC Room ........ 17

M&E Tool: Index Case Finding Register ........ 19

Referral Tool: Referral Slip ........ 26

Referral Tool: Love Letter ........ 29

Job Aid: Health Talk Script ........ 30

Job Aid: Index Case Finding Counselling Script for Passive Contact Follow Up ........ 31

Job Aid: Index Case Finding Counselling Script for Assisted Contact Follow Up ........ 33

Psychosocial Support Tool: Intimate Partner Violence Screening Tool........................35
Psychosocial Support Tool: Referral Directory for Linkage to Social Services .............36
Home Visit Procedure ........................................................................................39
Assisted Contact Follow Up Procedure ...............................................................41
Information, Education and Communication (IEC) Materials: ICF Poster ....................42
Step 4: Index Case Finding Reporting ........................................................................44
Standard Operating Procedure ..............................................................................44
Scope.................................................................................................................44
Responsibilities...................................................................................................44
Procedure ...........................................................................................................44
Tools and Resources ...............................................................................................45
Index Case Finding Monthly Report ......................................................................45
Step 5: Supervision and Quality Assurance .................................................................49
Standard Operating Procedure ..............................................................................49
Scope.................................................................................................................49
Responsibilities...................................................................................................49
Procedure ...........................................................................................................49
Tools and Resources ...............................................................................................50
Index Case Finding Supervision Checklist ..............................................................50
References....................................................................................................................54

## Acronyms

| | |
|---|---|
| ART | Antiretroviral Therapy |
| HCW | Community Health Worker |
| HCW | Health Care Worker |
| HTC | HIV Testing and Counselling |
| HTS | HIV Testing Services |
| ICF | Index Case Finding |
| IEC | Information, Education and Communication |
| IPV | Intimate Partner Violence |
| LTFU | Lost to Follow-up |
| M&E | Monitoring and Evaluation |
| MOHSS | Ministry of Health and Social Services |
| PLHIV | People Living with HIV |
| RS | Referral Slip |
| TSP | Technical Support to PEPFAR Programs in the Southern Africa Region |
| TWG | Technical Working Group |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

# Introduction

Index case finding refers to the systematic identification and HIV testing of sexual partners and household members of health facility patients after receiving voluntary consent from the index client. This innovative approach to reaching untested persons is outlined in the recently launched HIV Testing Services (HTS) guidelines[1] in Namibia to address the remaining 10-14% gap to achieve the first "90" (90% of people living with HIV know their HIV status) of adapted 90:90:90 UNAIDS goals. Despite a high HIV prevalence rate of 17.2%, Namibia has not been able to effectively reach adult men, young people and key populations whose HTS coverage is low.[1] Implementation of evidence-based identification and testing approaches including index case finding are necessary to reach these high-risk populations.

Standardized implementation of index case finding in Namibia is in progress. Several Ministry of Health and Social Services (MOHSS) partners have developed and implemented program-specific strategies and tools.[2] However, lack of a clear index case finding (ICF) implementation strategy, contact follow up protocol, and tool to screen for intimate partner violence, in addition to suboptimal ICF uptake by staff and other partners are some of the challenges current implementing partners are facing. Further, most implementing partners are currently only permitted to serve specific target populations and implement either facility or community-based activities, while awaiting a more comprehensive, national roll out of ICF activities.[2]

With the recent inclusion of ICF in the Namibia HTS guidelines, MOHSS and USAID have requested the Baylor TSP Program to develop a standardised implementation approach to allow for the national scale up of ICF activities. This toolkit is designed to provide a framework to guide the development of the Namibia ICF package, addressing specific national challenges and goals. This toolkit expands on the index case finding experience and tools from the Tingathe Community Outreach Program in Malawi[3,4] and other sub-Saharan African countries to outline a step-by-step procedure to successfully implement ICF strategies. The toolkit is subdivided into five key steps to cover elements of program design, program implementation and M&E while focusing on specific, nationwide challenges including intimate partner violence, protocols for both assisted and passive case finding, and development of a data sharing system.

We encourage you to use this toolkit as a framework and adapt the procedures and tools to your particular setting as permitted by MOHSS. We encourage communication and feedback; please do reach out with any questions or concerns. We look forward to seeing your progress toward reaching the first '90'!

Saeed Ahmed
TSP Chief of Party

sahmed@tingathe.org

## Baylor-Malawi and TSP Overview

Baylor College of Medicine Children's Foundation Malawi (Baylor-Malawi) is the prime implementing partner for an innovative, dynamic technical support program called 'Technical Support to PEFPAR PROGRAMS' (TSP). TSP is funded by the USAID Regional HIV AIDS Program (RHAP) with primary goal of reducing the impact of HIV/AIDS in Southern Africa. TSP offers support to the ten countries of Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Kingdom of Eswatini, Zambia and Zimbabwe to reduce the impact of HIV and AIDS and assist in attaining the ambitious UNAIDS 95-95-95 goals, as well as build the capacity of country teams to eventually take full ownership of their programs. This assistance includes technical expertise, human resource capacity, physical infrastructure, program implementation experience, and regional coordination and communication with a special focus on women, children, and adolescents with HIV.

## Index Case Finding Overview

Index case finding (also referred to as partner notification, index testing, index partner or index patient) is a recommended, evidence-based approach to deliver HIV Testing Services (HTS) to sexual partners and household members who have been exposed to HIV through an index case.[5]

To ensure maximum inclusion of possible HIV-infected contacts and yield of index case finding activities, this toolkit uses the following WHO adapted definition[3] of an index client:

- An HIV-infected individual with untested household members and/or sexual partners; or,
- An HTS patient with a negative HIV test and a sexual partner(s) with an unknown HIV status

The process of ICF involves a trained health care worker (HCW), HTS provider, or lay counselor asking the index client about their untested household members and/or sexual partner(s). With voluntary consent from the index client, the HCW will then offer one of two approaches, either passive or assisted contact follow up, to provide HTS to their contacts.

- Passive Contact Follow Up: In the passive approach, the HCW counsels and provides the index client the tools to disclose their HIV status to their contacts. It is then the responsibility of the index client to notify and refer their contacts via a referral slip or love letter to HTS. This is the "standard of care" recommended in the 2015 WHO HTS guidelines.[6]
- Assisted Contact Follow Up: In the assisted approach, the HCW asks for consent from the index client to directly follow up with their contact via phone or home visit to offer him/her HTS. This is done without disclosing the name, HIV status, or involvement of the index client. This approach is normally reserved for index clients reporting intimate partner violence, with multiple sexual partners, and/or unwilling to disclose their HIV status for other reasons.

# Step 1: Integration of index case finding activities into the health facility

Integrating index case finding activities into an existing health facility system is an important part of ensuring efficient, health care worker supported implementation. Involving health care workers, key stakeholders and the community in the process can avoid duplication of work and activities, highlight key health facility-specific gaps, and promote ownership of the quality and goals of index case finding. Although tools will be nationally standardized, it is important that each health facility adapt and integrate the new tools and procedures after reflecting on their current resources and systems.

## Standard Operating Procedure

### Scope

This procedure targets all health facility staff, ministry of health officials, the surrounding community, and other health facility partners.

### Responsibilities

This procedure is intended for use by the Index Case Finding (ICF) focal persons at each health facility. Focal persons should work as a team to ensure ICF activities are properly tailored and integrated into the health facility.

## Procedure

Figure 1: Procedure for integrating ICF activities into the health facility

1 Nominate Index Case Finding focal persons to lead integration and implementation

2 Hold Index Case Finding workshop
Use the *ICF Plan of Action (POA) tool* to discuss current status, explore gaps, adapt the proposed ICF procedures, involve the community and other partners, and set goals.

3 Meet with community and other partners/ organizations working at the health facility
Involve the community to gain feedback on acceptability and feasibility of proposed activities. Partner with other health facility organizations to avoid duplication of work and efficiently use all human and other resources available.

4 Finalize protocols and identify needed staff
Develop site-specific protocols for implementing ICF activities. Determine necessary staff and resources needed. Begin preparations for procurement and training.

1. Inform Ministry of Health and Social Services (MOHSS) officials and other relevant district and facility personnel that your health facility is planning to support Index Case Finding (ICF) activities.
2. Identify ICF focal persons. Focal persons should work as a team to ensure ICF activities are properly tailored and integrated into the health facility. ICF focal persons should consist of:
    a. one upper-level representative from the health facility,
    b. a ministry of health counterpart, and
    c. HTS provider / a community health worker
3. Organize an ICF planning workshop with the health facility and invite all relevant personnel (in-charge, other partners working at the facility, department heads, etc.). Use the *Index Case Finding Plan of Action Tool* to structure the meeting and contents. The workshop should take place at the health facility; be approximately two hours; and take a participatory approach to discuss key items.
4. Meet with community leaders regarding proposed ICF activities.

5. Meet with other health facility partners to discuss their potential involvement in ICF activities.
6. Adapt and finalize site-specific ICF protocols. Protocols should include flow charts, departmental SOPs, facility staff rosters/rotas, etc.
7. Finalize plan of action to implement ICF strategies. The plan of action should contain a schedule with specific dates for training staff and starting activities, address how/when resources will be procured and realistic short and long-term goals.

# Tools and Resources

### Index Case Finding Plan of Action Tool

**Instructions:** Use this tool as a guide for implementing ICF activities in your health facility. Part 1 should be used during the workshop. Part 2 is designed to plan and carry out meetings with partners and the community. Part 3 is designed when finalizing your health facility's ICF plan of action.

**Part 1: Index Case Finding Workshop**

1. **Identify a team of focal persons.** *Focal persons make up a team that will lead the integration and implementation of ICF activities in the health facility. At minimum, the team should consist of: one upper-level (clinician/nurse) staff member from the health facility, a ministry of health counterpart, and a community health worker/HTS provider. Write their names, position and contact details below.*

2. **Describe the current status of index case finding (ICF) activities in the health facility.** *Discuss what steps your facility is currently taking to implement ICF. Describe who within the facility is currently doing what and where potential gaps in implementing ICF are.*

3. **Describe the current status of other ICF-related activities in the health facility.** *Related activities include intimate partner violence screening, home and/or community-based testing initiatives, psychosocial counselling, disclosure support, family and/or partner-specific HTS services, etc.*

4. **Review of standardized ICF SOP.** *Review the nationally standardized ICF package. Identify which activities are already being implemented and those that are not. Highlight strengths and weaknesses in current implementation.*

5. **Describe any available resources – human and nonhuman – which may be able to assist with the implementation of ICF activities.** *Discuss current staff workload, roles, and responsibilities. Are there specific staff members (community health workers, HTS providers, nurses) which could easily integrate activities into their workload? Discuss available space and resources to implement activities. Make a list of local social support services (for IPV referral).*

6. **Discuss how the standardized ICF SOP can be adapted to fit the health facility's needs and available resources.** *Decide the extent and general procedures for ICF activities the facility would like to implement and in which departments. Decide which staff will complete which role(s). Decide how ICF activities can be integrated into existing systems including ART clinic and HIV testing services. These decisions do not need to be final, as it may be necessary to edit them after meeting with other partners and the community.*

   *Note, it is not necessary to implement all activities at once. Additional activities (home-based testing, psychosocial counselling) can be added over time as more resources become available.*

Part 2: Meeting with the Community and Other Health Facility Partners

7. **Community Involvement.** *Plan a meeting with community leaders. This meeting should be hosted by the ICF team and have, at minimum, the following agenda points:*
   a. *What ICF is, it's importance and what activities are planned*
   b. *Discussion regarding community-based activities (e.g. home-based testing, tracing/tracking index clients, self-testing)*
   c. *Thoughts/concerns about the acceptability and feasibility of proposed activities*
   d. *Assessment of current knowledge of HTS and ART services available at the HF*
   e. *Discussion regarding how ICF activities can be promoted within the community*
   f. *Discussion regarding how community members can be educated regarding the importance of ICF and what services are available*
   g. *Plan for the community's continued involvement*

8. **Health facility partners and organization.** *Plan meetings with all relevant partners and organizations, these include local social support organizations (specifically for support of those experiencing IPV). These meetings should be hosted by the ICF team and have, at minimum, the following agenda points:*
   a. *What ICF is, it's importance and what activities are planned*
   b. *Discussion regarding the organization/partners specific involvement in activities*
   c. *Thoughts/concerns about the acceptability and feasibility of proposed activities*
   d. *Discussion regarding how ICF activities can be promoted by the partner/organization*
   e. *Plan for the partner's/organization's continued involvement*

9. **Organize meetings.** *Complete the table below with meeting details.*

| Name of Community/ Organization/ Partner | Persons to be invited to meeting | Meeting time and date | Specific Agenda Points | Feedback from Meeting |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## Part 3: Finalizing ICF Integration and Implementation Plan of Action

10. Finalize site-specific ICF procedures. *Adapt standardized ICF procedures based on workshop plans and meetings with the community and other health facility partners/organizations. Ensure the following is clear in the SOP:*
    a. *Specific ICF activities and ICF-related activities being implemented now, and those potentially be added in the future*
    b. *Roles and responsibilities of all staff*
    c. *Department-specific procedures and tools*
    d. *Monitoring and evaluation plan*
    e. *Supervision and quality assurance plan*

11. Procure supplies and resources. *Make a list of all needed supplies and resources. Develop a clear procurement plan. Hire any needed staff. Prepare for training.*

12. Set Goals. *Outline ICF goals for the facility and how goal progression will be monitored. Ensure goals are SMART (specific, measurable, attainable, relevant, and time-specific) and align with national objectives. For example, 75% of all testing referral slips given to index cases are returned and contacts tested within the first three months of implementation.*

13. Set a date to start implementation. *This date should take into account time needed for procurement of supplies and staff training.*

14. Set time and date to review integration and implementation amongst ICF team. *It is important to regularly monitor and assess the effectiveness of ICF activities and their systems. The ICF team should plan to meet 3 months after implementation to discuss current progress and goals and brainstorm methods to further streamline the systems. Prior to meeting, ICF team members should reconnect with partner organizations and the community to get feedback.*

# Step 2: Training Health Facility Staff

Proper training of health facility staff is an imperative step to ensuring index case finding implementation is successful. The training described follows Step 3. of this toolkit and ensures those doing it have a good grasp of skills necessary to do the work, and the tools and job aids can be used consistently and correctly. The training is recommended for lay health care workers (HCW) and/or HTS providers with prior HIV training in counselling and confidentiality. The training should be adapted to accommodate the skill level of HCWs and health facility-specific procedures and goals. In addition to initial ICF training, it is recommended that supervisions and refresher trainings take place at regular intervals to ensure quality implementation and data.

## Standard Operating Procedure

### Scope

This procedure targets all health facility staff and any other partners/organization staff involved in implementing ICF training at the health facility.

### Responsibilities

This procedure is intended for use by the training organizers and trainers. It is important for training organizers to liaise with ICF focal persons throughout the planning and training of staff.

### Procedure

1. Decide training dates and persons to be invited. It is recommended ICF training be incorporated into existing trainings to save resources and time.
2. Organize accommodation, meals and training space (if necessary).
3. Working with ICF focal persons, adapt and finalize the *ICF Training Agenda* based on site-specific procedures.
4. Procure all necessary supplies and materials for the training.
5. Identify trainers. Conduct training-of-trainers if necessary.
6. Invite all necessary staff. It is recommended that ICF focal persons are available to assist throughout training.
7. Conduct training using the *ICF Training PowerPoint Presentation*. Training will consist of a lecture and hands-on practice of tools and job aids.
8. In addition to training staff directly involved in ICF activities, a formal announcement should be made to all health facility staff, and if possible, the community to describe the services offered. The announcement should highlight the importance of all staff in supporting and promoting ICF activities.
9. Supervisors and the ICF focal persons team should regularly assess the implementation of ICF activities and determine if further refresher trainings are

needed. It is recommended refresher trainings are held directly at the health facility and should be tailored to address the specific learning gaps of the health facility staff.

# Tools and Resources

### ICF Training Agenda[7]

Below is a proposed training agenda outlining the total time needed for each section and the handouts needed. The total time is a conservative estimate, depending on skill level of participants, this time may vary. It is recommended that at least one break be given in the middle of the session. Prior to the training, it is recommended that participants are given the full ICF SOP and copies of the tools for review. This prior review can save time and promote more productive discussion.

**Total Time Needed: 7.5 hours**

| Time Needed (min) | Topic & Activities | Handouts Needed |
|---|---|---|
| 5 | Welcome & Introductions | |
| 5 | Overview | |
| 8 | Background | |
| 3 | ICF Step by Step Intro | - ICF SOP |
| 40 | Step 1: Screening | - Flowchart<br>- Health talk handout<br>- HTC Register sample<br>- ART Register sample |
| 55 | Step 2: Asking about & Registering Untested Contacts | - Flowchart<br>- ICF Register |
| 45 | Step 3: Intimate Partner Violence (IPV) Screening | - IPV Tool<br>- Sample Referral Directory<br>- Referral Form (if applicable) |
| 110 | Step 4: Passive & Assisted Methods | - Flowchart<br>- Referral Form<br>- Love letter sample<br>- Call log (assisted)<br>- Assisted & Passive Job Aid Scripts |
| 55 | Step 5: Index client & Contact Follow Up | - Flowchart<br>- ICF Register<br>- Home Visit SOP<br>- Assisted Contact Follow Up Procedure |
| 45 | Step 6: Reporting | - ICF Reporting Form |
| 35 | Summary | |
| 10 | Q&A | |

| 5 | Wrap Up | |
|---|---|---|

Supplies Needed by Facilitator

- Sample HTC Register
- Sample ART Register
- Sample Referral Form
- Sample Love Letter
- Sample Referral Booklet

Supplies Needed per Participant

- ICF SOP with Flowchart, Home Visit SOP, Assisted Contact Follow Up Procedure
- ICF Register (a single page)
- ICF Monthly Report
- Referral Form (single)
- Laminated Job Aids: Health Talk Script, Assisted Follow Up Script, Passive Follow Up Script, IPV Script

## ICF Training PowerPoint Presentation[7]

The attached PowerPoint presentation acts as a guide for ICF Training in a health facility. The presentation should act as a guide only, and not as a participant's sole source of information. The presentation has Facilitator's notes in the comments which offers recommendations on how the slide can be used, further discussion points, and instructions for how to facilitate activities/discussions.

See Appendix 1: ICF Training

# Step 3: Implementation of Index Case Finding Activities

Implementation, though nationally standardized, will vary in some ways by the health facility's current systems and resources, existing partner involvement, priority populations and/or locality. However, all procedures described below should be implanted as part of a comprehensive package of HIV services, from prevention to treatment and care. The procedures are designed to be implemented as a package and also as individual activities, so activities, such as assisted contact follow up, can be implemented at later stages once the ICF foundations are in place and/or more resources become available. Additionally, the SOP does not need to be implemented exactly as written for each index client. Instead, each client should be individually assessed, and their circumstances considered to ensure his/her risks are mitigated.

## Standard Operating Procedure

### Scope

This procedure targets all patients at the health facility and their contacts identified through ICF activities.

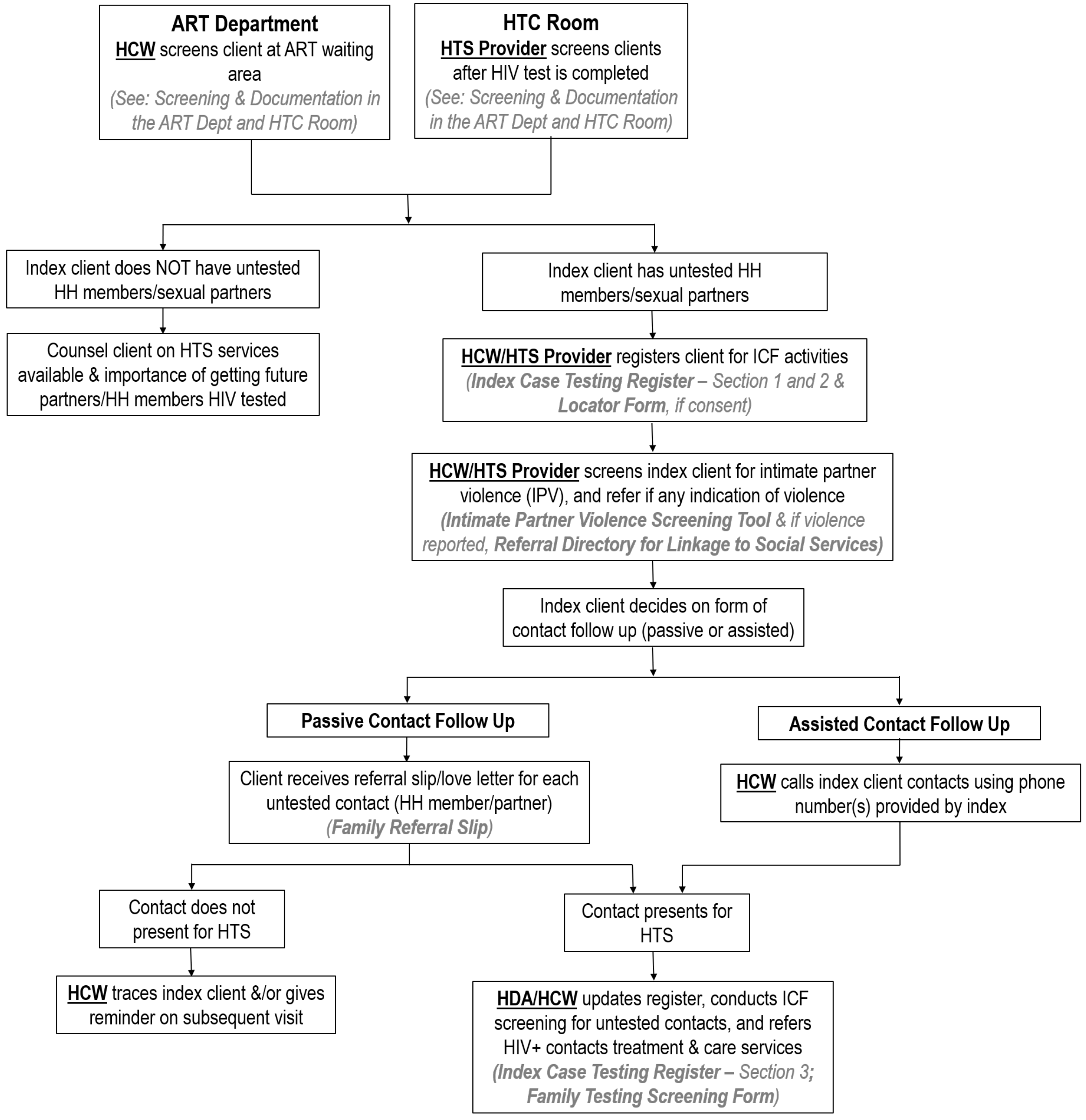
### Responsibilities

This procedure is intended for use by staff implementing ICF activities within the health facility.

Procedure

## Figure 1: Flowchart of Index Case Finding Activities and Tools

The following flowchart walks through the responsibilities of HTS providers and health care workers to perform ICF activities and the corresponding tools for each step.



### *Screening and Registration of Index Clients for Index Case Finding at ART clinic and HTC/VCT*

1. Keep one *Index Case Finding Register* at each testing point within a health facility and one in the ART/HIV clinic department. Registers should be clearly labeled with the department's name (e.g. ART, TB).
2. At least once a day (more frequently if possible), make a brief early morning health talk/announcement to those in the HTC and ART clinic waiting area about the importance of index case testing and the HTC service available at the health facility using the *Health Talk Script*.
3. Screen clients at the following locations using the following procedures.
    a. In the ART clinic waiting area:
        i. Screen all ART patients for eligible contacts prior or after seeing the ART provider for their appointment.
        ii. Document that the patient has been screened for ICF. Patients should be rescreened regularly (e.g. bi-annually or at each visit).
        iii. Maximize confidentiality by screening in a private area.
    b. In the HTC/VCT room:
        i. Integrate screening into standard HTS procedure as to ensure no clients are missed.
        ii. Screen all clients with a positive HIV test for eligible contacts.
        iii. Screen all clients with a negative HIV test if s/he has a partner with an unknown HIV status
            1. Offer pre-exposure prophylaxis (PrEP), when available, to those categorized as high risk.
            2. Counsel those taking PrEP to come for a HIV test after one month, followed by quarterly intervals.
        iv. Document that the patient has been screened for ICF in the 'Remarks' section of the HTS register.
    c. In all other departments, provide partner-initiated testing and counselling services (PITC):
        i. Incorporate PITC into the standard of care package provided in each department
        ii. Maximize yield of PITC by seeking out newly admitted patients, targeting the busiest times of the day (usually morning), and ensuring PITC services are available during nights, weekends and holidays.
        iii. Offer HIV testing, using the opt-out approach, to any individual who meets the following criteria:
            1. Never been tested
            2. Tested negative >3 months ago
            3. Has no documented HIV test

4. Has requested HTS
5. Known positive, not enrolled in HIV care services

iv. If the client accepts HTS, continue with the procedure for HTC/VCT room. If the client refuses HTS, counsel on the importance of HTS for both him/her and their sexual partners.

d. See *M&E Tool: Screening & Documentation* for specific strategies for documentation.

4. Register all index clients in Sections 1 and 2 of the *ICF Register*. If a client has no contacts, skip to step 8 below.
5. Screen the index client for Intimate Partner Violence (IPV) using *IPV Screening Tool* and refer for those who screened positive to psychosocial services using the *Referral Directory for Linkage to Social Services*.
6. Counsel and encourage the index client to invite his or her untested household members and/or sexual partner(s) to the facility, or other convenient testing center, for HIV testing and follow-up care.
7. Offer both passive and assisted contact follow ups to the index client. Ask the client which type of contact follow up s/he prefers for each contact. Note that the type may vary depending on the contact.
   a. If the index client prefers passive contact follow up:
      i. Use the *Index Case Finding Counselling Script for Passive Contact Follow Up* to counsel the client
      ii. Give a completed *Referral Slip* or *Love Letter* for each untested household member/sexual partner.
   b. If the index client prefers assisted contact follow up, or was screened positive for IPV:
      i. Use the *Index Case Finding Counselling Script for Assisted Contact Follow Up* to counsel the client
      ii. Ask for consent to follow up and phone number(s) of the contact(s).
8. If they are unable to bring the family members for testing offer, when available:
   a. home-based testing services, and/or
   b. HIV self-test kits
9. Tell the index client about any special testing times/dates offered at the health facility (e.g. family testing days on weekends, adolescent-friendly services, etc).
10. Ask the index client if s/he has any questions.
11. Thank the client and remind them how to reach a HCW/HTS provider if s/he has any additional questions.

*Index Contacts Presenting for HTS*

1. When a referred contact comes to clinic for HIV testing, s/he should be attended to immediately.
2. Provide the contact with HTS and document in the HTC register as presenting for testing due to ICF activities.

3. Determine the form of contact tracing used, either passive or assisted, and collect necessary information to connect the contact with the index.
    a. For contacts presenting to the clinic with a Referral Slip or Love Letter, refer to Referral Slip/Love Letter procedures.
    b. For contacts presenting to the health facility without referral documentation, but stating s/he had and invitation:
        i. Determine if the contact had a paper invitation (i.e. either referral form or love letter) or was contact via phone
            1. If lost invitation, ask for the index client's name.
            2. If phone, ask about the date of the phone invitation. Refer to call log to get index ID, if possible. Ensure not to disclose the index client's name to the contact.
        ii. Search by the index client's ART/HTC number to find the index client's entry in the ICF Register. If there are multiple HTC/ART departments in your facility, the entry may be in a different department's ICF register.
4. Complete Part 3 of the *Index Case Finding Register* with the contact's testing details.
5. After completing HTS, begin the screening process anew to determine if this new index case has additional untested contacts.

### *Weekly Review of ICF Register*

1. Review the Index Case Finding Register weekly and note:
    a. contacts that have not returned for testing within two weeks of the index client's registration (if passive); and,
    b. contacts the index client has requested assisted follow up.
2. If the index client has consented to follow up (i.e. passive contact follow up), begin by trying to reach the index client by phone. Proceed to home visit if the index client does not have a phone or cannot be contacted via phone. When conducting home visits, adhere to the *Home Visit Procedure*.
3. If the index client has consented to assisted follow up of their contact(s), follow the *Assisted Contact Follow Up Procedure*.

# Tools and Resources

## M&E Tool: Screening and Documentation in the ART Department and HTC Room[7]

### *ICF Screening and Documentation in the ART Department*

- All patients currently enrolled in ART/HIV services should be screened to identify untested contacts.

- ICF Health talks should be done at least once per day (more frequently if possible) about the importance of index case testing and HTC services available at the ART clinic waiting area. These talks serve to empower and educate patients.
- HCWs/HTS providers should regularly monitor ART waiting areas to ensure all patients have been screened.
- New ART patients should be screened at the time of ART initiation.
- Maximize confidentiality by screening in a private area.

The following are different strategies to track the ICF screening status of patients enrolled in ART care, specifically patients enrolled in ART services prior to the implementation of ICF activities.

- Incorporate screening into the appointment procedure: Inform patients that there is an extra step to their standard appointment procedure which involves a HCW/HTS provider screening him or her for ICF prior to seeing the ART provider
- ART Screening Checklist: The checklist consists of screening date and 'ART Number'. Each patient should be screened as part of ICF activity. Once screened, the 'ART Number' is indicated on the checklist.
- Documentation in Health Passport Book: A sticker, mark or other indicator can be put in each patient's health passport book once screening has been completed. Ensure the documentation is consistent for all patients and approved by the MOH staff at the health facility.
- Documentation in EMR/ART Register: Indicate screening took place in a comment section of an existing MOH register or EMR system. Ensure the documentation is consistent for all patients, approved by the MOH staff at the health facility, and HCWs/HTS providers have access to the EMR/register during waiting times.

Consider the following when implementing screening and documentation in the ART department:

- Multiple family members enrolled in HIV/ART services: In the case where multiple family members are all enrolled in ART services, there is a risk for duplication in reporting untested family members because each family member will have an independent record.
- Crowded waiting rooms/no place to screen: Assign a back-up person (HCW/HTS provider) to assist the one screening. Look for a private space to maintain confidentiality.

### *ICF Screening and Documentation in HTC Rooms*

1. All newly diagnosed HIV-infected individuals identified in the HTC room should be screened for ICF.
2. Health talks should be done at least once per day (more frequently if possible) about the importance of index case testing and HTC services available at the HTC waiting area. These talks serve to empower and educate patients.
3. Integrate screening into standard HTC procedure as to ensure no clients are missed.
4. Screen all clients with:
    a. a positive HIV test and eligible contacts
    b. A negative HIV test and a partner with unknown status or categorized as high risk during the HIV risk assessment
5. Indicate in the HTC register remarks section that the client has been screened for ICF.

### M&E Tool: Index Case Finding Register

The index case finding register is designed to track the untested contacts of index clients.

- There should be one register kept in each HTC room and one kept at the ART department.
- Register should be kept in a locked room/cabinet when not in use to prevent unauthorized access.
- Start a new page each month.
- Clearly label the register with the name of the health facility, the name of the department where it is stored and/ or name of the room e.g. HTC Room 1.

Index Case Testing Register Month: ____________________

| SECTION 1: Index Client Registration & Consent for Follow Up *(Complete this entire section on the day index client is screened)* | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Sex of Index *(circle one)* | | | Age of Index *(circle one)* | | | | Phone Follow-up? *(circle one)* | | | Home Follow-up? *(circle one)* | | |
| Date *(dd/mm/yy)* | Index Client's HTC# *(if in HTC)* or ART# *(if in ART)* | Index Client Name | Male | Female Non-Pregnant | Female Pregnant | 0-11mo | 1-14y | 15-24y | 25+y | Yes, consent to phone follow up | No, do NOT consent to phone follow up | Phone# | Yes, consent to phone follow up | No, do NOT consent to phone follow up | Address of Index Client |
| | | | M | FNP | FP | A | B | C | D | Y | N | | Y | N | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | Y | N | | Y | N | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | Y | N | | Y | N | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | Y | N | | Y | N | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| TOTALS | A1 | | | | | | | | | | | | | | |

**SECTION 2: Contact Details** *(Complete section on the day index client is screened)*
***Do NOT enter known HIV+ contacts***

**SECTION 3: Contact HTC**
*(Complete this section when contacts return for testing)*

| **Index Client Contact** | **Relation Type** *(circle one)* | | | **Age of Contact** *(circle one)* | | | | **Sex** *(circle one)* | | | **BF** *(circle one)* | | **Mode of Contact** *(circle one)* | | **Date of appointment given** *(dd/mm/yy)* | **#RS/love letters given to the index client** *(total)* | **Date of test** *(dd/mm/yy)* | **Test Result** *(circle one)* | | | | | **Testing Location** *(circle one)* | | **Linkage to ART** | **Initials** *(person completing the register)* | **Comments** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Child | Spouse/Sexual Partner | Guardian/Other | 0-11mo | 1-14y | 15-24y | 25+y | Male | Female Non-Pregnant | Female Pregnant | Breastfeeding? (Y/N) | | Referral Slip (RS)/ Love Letter | Active Method | | | | New Negative | New Positive | New Inconclusive | New Exposed Infant (<12m) | Not Done | Home | Health Facility | ART Number | | |
| 1 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 2 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 3 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 4 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 1 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 2 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 3 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 4 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 1 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 2 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 3 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 4 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 1 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 2 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 3 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| 4 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | | | | N- | N+ | Nin | NE | ND | H | HF | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A3 | A4 | A5 | A6 | A7 | A8 | A9 | | | | | | | A10 | | A11 | | B2 | B3 | B4 | B5 | B6 | | | | | |

### *Completing the Index Case Finding Register*

1. During screening, the HCW/HTS provider/nurse should complete Section 1 and Section 2 of the Index Case Finding Register.
2. Complete Section 1 by indicating the date, unique MOH ID, client's name, gender and age. Ask consent for following the patient up by phone and/or at his or her home. Complete phone and address sections only if the client has consented to follow up.
3. Complete Section 2 by listing all index client's contact's relationship to the index, age, sex, breastfeeding status and preference for type of follow up (referral/love letter or assisted).
    a. Enter all spouses, sexual partners, biological children, and/or other household members who are not already known to be HIV-infected as contacts of the index client.
    b. Only one contact per line.
    c. If one of the index client's household members is a child <2 years old who is not in exposed infant care, refer the child immediately for testing and link with HCW for follow up.
4. Indicate how many referral slips/love letters were given to the index client.

### *Updating the Index Case Finding Register (Index Contacts Presenting to HTC for Testing)*

1. Any client coming to receive HTC services should be asked if he or she has a Referral Slip and/or has been referred by/an invitation from a household member.
2. Take the referral slip/love letter from the person. If he or she does not have a referral slip/love letter, but has been referred via an invitation form a household member, document them in the HTS register as presenting for testing due to index testing.
3. Using the referral slip/love letter, search by date of referral and the index client's ART/HTC number to find the index client's entry. If there are multiple HTC/ART departments in your facility, the entry may be in a different department's ICF register.
4. Once the appropriate index client entry has been identified, complete Section 3 of the Index Case Finding Register with the contact's test date, test result, the testing location, linkage to ART and any other comments if applicable.
5. If the contact is diagnosed with HIV, screen and register the client in the Index Case Register as a new entry and begin the screening process anew to determine if this new index case has additional untested contacts.

### *Description of Headings and Content of Index Case Finding Register*

| Section | Heading | Description | Response Options |
|---|---|---|---|
| **Section 1:** Index Client Registration & Consent | Date | In ART clinic, the day the index client was screened.<br>In HTC, the date the client received a positive HIV test result | DD/MM/YYYY |

| for Follow Up | Index Client's HTC# (if in HTC) or ART# (if in ART) | In ART clinic, the client's unique identifying number given to the index client by the Ministry of Health at the time of ART initiation<br>In HTC, the client's unique identifying number given to the index client by the Ministry of Health at the time of a HIV test. | |
|---|---|---|---|
| | Index Client Name | first and surname/family name of index client | |
| | Gender | the gender of the index client | M= Male<br>F= Female<br>FNP = Female, non-pregnant |
| | Age | Age of index client | A = 0-11 months old<br>B = 1-14 years old<br>C = 15-24 years old<br>D = 25 years and older<br><br>For example, circle "A" (0-11mo) for a 6 month old child; circle "C" (15-24y) for a 20 year old. |
| | Consent for phone follow-up? | Ask the client for consent for follow-up via phone call. Clients are free to refuse contact. | Y = Yes, the client consented to follow-up via phone<br>N = No, the client did not consent to follow-up via phone |
| | Phone # | Write phone number suitable for contacting the client. Clients are free to refuse giving contact details. | Ten digit phone number. Include other details if necessary: who phone belongs to, who to ask for when calling, alternative number, etc.<br><br>If client did not consent, leave this blank. |

| | | | |
|---|---|---|---|
| | Consent for Home Visit? | Ask the client for consent for follow-up via home visit. Clients are free to refuse contact. | Y = Yes, the client consented to follow-up at home<br>N = No, the client did not consent to follow-up at home |
| | Address | Write residence details suitable for tracing the client at home. Include sufficient detail for location. | Residence details suitable for tracing the client at home. Address should be as specific as possible.<br><br>If client did <u>not</u> consent, leave blank. |
| **Section 2:** Contact Details *(Complete this entire section on the day index client is screened)* | Relation Type | The contact's relationship to the index client. | C = Child (biological) – not adopted child<br>S = Spouse / Sexual partner – any partner regardless of legal union / marriage<br>G/O = Other – any other person in the household (including adoptive children) |
| | Age | The age group of the contact. | A = 0-11 months old<br>B = 1-14 years old<br>C = 15-24 years old<br>D = 25 years and older<br><br>For example, circle "A" (0-11mo) for a 6 month old child; circle "C" (15-24y) for a 20 year old. |
| | Sex | The sex / gender of the contact. | M = Male<br>FNP = Female, non-pregnant<br>FP = Female, pregnant |

| | | | |
|---|---|---|---|
| | BF | The breastfeeding status of the contact, if the contact is a woman. | Y = Yes, currently breastfeeding<br>N = No, not currently breastfeeding<br><br>Leave blank for males. |
| | Mode of Contact | Document the method in which the contact was referred. | RS = referral slip/love letter<br>ACT = assisted contact from a HCW |
| | Date of appointment given | Date given to the index client to bring contacts back. | DD/MM/YY |
| | # RS Given | The total number of Referral Slips and/or love letters given to the index client. | |
| **Section 3:** Contact HTC *(Complete this section when contacts return for testing)* | Date of Test | The date that the contact returns for testing. | DD/MM/YYYY |
| | Test Result | The test result of the contact. If multiple tests were done because: 1) confirming a positive test, or 2) retesting because the first test was inconclusive, write the final HIV diagnosis. | N- = new negative<br>N+ = new positive<br>Nin = new inconclusive<br>NE = new exposed infant (only applies to children <12 months)<br>ND = not done (if ND; document reason in comments e.g. refused testing) |
| | Testing Location | Location that HIV test for the contact was administered | H = Home<br>HF = Health Facility |
| | Linkage to ART | If contact is diagnosed with HIV, write the contact's ART number (unique identifying number given to the index client by the Ministry of Health at the time of ART initiation). Note: all contacts identified has HIV+ should be linked to care immediately. | |

| | Initials | Initials of the person completing Section 3 of the register. To be referenced if section is incomplete or needs further clarification. | |
|---|---|---|---|
| | Comment | Any relevant comments. | |

Referral Tool: Referral Slip

Referral slips, or paper invitations for contacts to return to the health facility to discuss "important health issues", are the primary method of referral in passive contact follow up approaches. Referral slips are given directly to the contact by the index client and are used for contacts the index client feels comfortable disclosing his/her HIV status to.

*Referral Slip*[8]

| Referral Dept: ART HTS | Facility Name: | Date: | Referral Dept: |
|---|---|---|---|
| Unique ID: ______________ | | | Unique ID: |
| Issue date: ______________ | You are invited to come to the health facility with your loved ones to discuss important health issues. Please come at your earliest possible convenience. | | |
| Visit date: ______________ | | | |
| Test result: ______________ | | | |

*Procedure*

General information and storage

- Comes in a booklet with many other slips
- Pages are perforated so that one section stays in the booklet, the other is given to the client
- Store one in each HTS room and one in the ART department. If more than one HTS room or ART department within a health facility, number each so that returned slips can be traced.
- Should be completed by HTS provider and designated HCW in the ART department

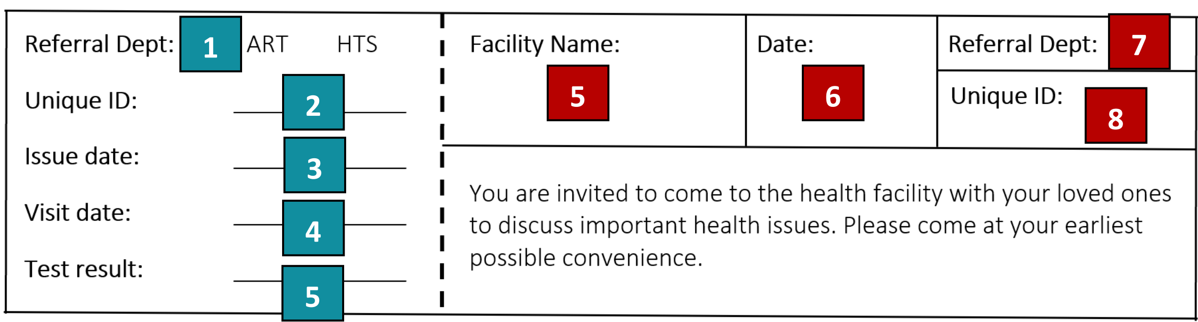
Issuing a Referral Slip

1. Determine the HIV status of the client to determine which contacts should receive a referral slip. All patients currently enrolled in ART services are positive.
    a. If positive:
        - Provide referral slip FOR EACH family member who has not yet been tested for HIV or has an HIV negative status; and
        - Provide one referral slip per FOR EACH sexual partner with an unknown HIV status

b. If negative:

- Provide one referral slip per FOR EACH sexual partner with an unknown HIV status

2. Using the *Job Aid: Index Case Finding Script*, introduce the counselling visit, present the referral slip (invitation), discuss disclosure, and explain the tracing procedures.
3. Complete the referral slip(s) section A and B according to the diagram and table below.




| **Section A:** Remains in Referral Slip Booklet | | |
|---|---|---|
| 1 | Referral Department | Circle the department where referral slip was issued: HTS (HIV Testing Services) or ART (ART department). If there is more than one HTS room, also include the corresponding HTS room number. |
| 2 | Unique ID | Write the unique ID of the client.<br>If issued from HTS, this is the unique HTS serial number.<br>If issued from ART, this the unique ART serial number. |
| 3 | Issue date | Write the current date. |
| 4 | Visit date | Leave blank |
| 5 | Test result | Leave blank |
| **Section B:** Remove from Booklet and give one to EACH of the client's contacts | | |
| 5 | Facility name | Write the name of the health facility you are currently in |
| 6 | Date | Write the current date |
| 7 | Referral Department | Write the first letter of the department where referral slip was issued. If HTS, write **H**. If ART, write **A**. If there is more than one HTS room, also include the corresponding HTS room number. |
| 8 | Unique ID | Write the unique ID of the client.<br>If issued from HTS, this is the unique HTS serial number.<br>If issued from ART, this the unique ART serial number. |

4. Remove section B of the referral slip(s) and give it to the client to take home.
5. Using the Job Aid: Index Case Finding Script, end the visit. Remember to further encourage the client to give the referral slips to their contacts as soon as possible.

### Clients Returning for HTS with a Referral Slip

1. Collect the client's referral slip and proceed with normal HTS procedures.
2. Indicate in the HTS register that the client was referred from ICF activities.
3. After completing HTS, determine from which department the slip was referred. Match the unique ID on the returned referral slip to the unique ID in the corresponding booklet.
4. Once matched, complete section A fields 4 (visit date) and 5 (test result) in the referral booklet.

| **Section A:** Remains in Referral Slip Booklet | | |
|---|---|---|
| 4 | Visit date | Write the current date. |
| 5 | Test result | Write the client's (i.e. contact of the index client) test result.<br>Neg = HIV Negative<br>Pos = HIV Positive<br>Incon = Inconclusive test |

5. Destroy the referral slip.
6. Provide new referral slip(s) to the client according to the client's HIV status.
7. Using the information from Section A of the issued referral slips (i.e. the section that remains in the booklet), complete Section 3 of the ICF Register.

### Referral Tool: Love Letter[9]

Love letters, or requests to have the partner of an index client come to the health facility for "health-related information", can be an effective alternative to referral slips. While maintaining confidentiality by not mentioning HIV directly, the letter acts as a first step to get couples to return to the health facility together for couples' HIV testing and counseling. Love letters can be a welcome alternative when the index client does not feel comfortable disclosing his/her HIV status.

## INVITATION

Dear ____________________________________:

At ___[insert health facility name]___, we are dedicated to providing comprehensive health services to all members of our community. We ask you to accompany your partner, __[insert index client name]__ to the health facility so we can provide you with important health-related information.

We look forward to seeing you then.

Date: ______________________________ Time: ___________________________

Referral Dept: ______________________ Unique ID: ______________________

You may come on another day [insert health facility days] or time [insert health facility time].

**Bring this card and you will be attended to right away.**

*Procedure*

General information and storage

- Store multiple in each HTS room and in the ART department.
- Should be completed by HTS provider and designated HCW in the ART department

Completing and Issuing a Love Letter

The same procedure for *issuing referral slips* should be used to issue love letters.

Complete the love letter(s) according to the table below.

| Love Letter Section | Description |
|---|---|
| Dear ____: | write the name and/or nickname of the contact |
| [insert health facility name] | write the full name of the health facility where the love letter was issued |
| [insert name of index client] | write the name and/or nickname of the index client |
| Date: | Write the preferred date for the contact to return for HTS services |
| Time: | Write the preferred time for the contact to return for HTS services |
| Referral Dept: | Write the first letter of the department where referral slip was issued. If HTS, write **H**. If ART, write **A**. If there is more than one HTS room, also include the corresponding HTS room number. |
| Unique ID: | Write the unique ID of the client.<br>If issued from HTS, this is the unique HTS serial number.<br>If issued from ART, this the unique ART serial number. |

## Job Aid: Health Talk Script[7]

Health talks are informational announcements made in public areas of a health facility, usually waiting areas. The goal of the ICF health talk is to provide information regarding ICF activities in the health facility and allow an open forum for patient questions and discussion. Health talks can vary in their approach and activities, but content should always cover the key talking points.

**Key Talking Points:**

- Importance of having your partner(s) and family tested
    - Keep spouse and children healthy by preventing spread of infection
    - Staying on medication to continually suppress viral load and reduce transmission risk
- Referral Slips/Love Letters (i.e. passive contact follow up) and how they work
    - What they look like (have a sample)
    - Information taken in the ICF register
    - Fast-tracking for those with RS/love letter presented at health facilities
- Assisted Contact Follow Up and how it works
    - HCW calls contacts to ask them to come to the health facility for HTS
    - How confidentiality is maintained
- Different methods of HTC for contacts
    - Individual, group, family, with spouse or partner
    - At home or at health center
    - Convenient weekend testing to better suit family/partner schedules
    - Different facilities and organizations that offer testing (heath facility, Tingathe, other organizations)

- Testing is voluntary and confidentiality
- Future of living with or without the disease
    - Positive living in the household
    - Disclosure
    - Support groups (PLWHAS, Mothers 2 Mothers, Tingathe, etc)
    - Medication and ART

**Activities:**

- Have audience give reasons why partners and families do not get tested and correct any misconceptions
- Show people where HTC is done within the health facility
- Ensure there is a procedure in place to offer referral slips immediately after testing positive or negative and at risk
- Have someone who is living with HIV (expert client) give a testimonial on when/how they helped to convince their spouse, partner or child to be tested (optional)

### Job Aid: Index Case Finding Counselling Script for Passive Contact Follow Up[10]

The following script should be used in passive contact follow up situations. HCWs should use the script as a guide to ensure all key points regarding passive contact follow up are understood by the index client and s/he is prepared to disclose his/her status and present the referral slip/love letter to his/her contact(s).

**1. Introducing the Counselling Session**

HTC Room: This should occur after the client has already learned his/her HIV status and received post-test counseling. Alternatively, it can be incorporated into post-test counseling.

ART Clinic: This should occur during screening for Index Case Testing (ICT)

- *I am ________________________ and I work at the clinic. My job is to support people with inviting their partners, children or other household members to the clinic and, if they are interested, in disclosing their HIV status to their partner or family members.*
- *Do you have any questions before we begin?*

**2. Presenting the Referral Slip/Love Letter (Invitation)**

*We would like to help you invite your partner, children or other household members to the clinic to participate in HIV testing and counseling with you or alone. We are giving you this referral slip/love letter (invitation) to take home with you to give to your partner(s) or bring your children or other/guardian* [you can mention if it a grandmother/father or aunt/uncle or sister/brother/cousin]—*usually this is for someone(s) you consider your*

*sexual partner(s) or staying in the same house with you. The referral slip/love letter says: "*[insert text from referral slip/love letter]*."*

- *Is there a sexual partner(s) or child(ren) or other/guardian you would like us to issue this referral slip/love letter to? What is his/her name?*
- *When do you think they might be able to come to the clinic? What day and time?* [mention the time for working days including weekend when the health facility is operational].
    - *I will write this on the invitation.*
    - *If they are not available on that day or time, they can come at another time/day.*

*We like to help people think about when, where and how they might present the referral slip/love letter (invitation).*

- *People generally like to give the referral slip/love letter in a place that is private and at a time when their partner or other contact is calm. Can you think about a time and place to give the invitation?*
- *What words do you think you might use?*
- *How do you think the partner or other contact will react?* [Counsel against providing the invitation if the client believes the partner or other contact will react violently and brainstorm other options of possible disclosure/testing.]
- *Would you like to practice giving him/her the invitation? I can pretend to be your partner or child or other/guardian.* [Allow client time to practice.]
- *Sometimes people find it easier to practice inviting first, like a sister or friend, and then have that person around for support. Is there someone you would like to have with you or nearby for support?*

## 3. Supporting Disclosure to the Partner or Guardian

*Some people like to disclose their HIV status to their partner or guardian by themselves, often when they give the referral slip/love letter. Others prefer to have a counselor disclose their status through the couple HIV counseling and testing process or guardian session. The invitation does not say anything about your HIV status or about HIV testing so you can decide whether you would like to disclose your HIV status to your partner or guardian on your own or whether you would like to wait for this to happen during couple HIV testing and counseling or guardian session.*

- *What do you see as some potential benefits of disclosing on your own? What are some risks?* [Help the person to think through which option might be best. For those who are worried about a violent reaction or lack of support, having the counselor disclose may be a better option.]
- *Which approach do you think you might choose?*

If they would like to disclose on their own, you can say the following:

- *Do you think you would like to share your HIV status before, after, or at the same time as you give the invitation? Can you think of a time and place to disclose your HIV status?*

- *What words do you think you might use?*
- *How do you think he/she might react?*
- *Would you like to practice disclosing to him/her? I can pretend to be your partner or guardian.*

4. Explain Tracing Procedures

***NOTE: This section should be modified based on the tracing capabilities of the health facility.***

*If you are not able to come to the clinic within approximately two weeks, we will begin to trace you* [for those that provide consent and locator information]. *Remember when we do our tracing, we will not disclose your HIV status or discuss HIV testing and counseling. We will simply say that we would like you as a family to come to the clinic for important health information.*

- *We will use the information that you provided on locator in the register to guide our tracing procedures.*
- *Our first tracing attempt will be by phone if you have a phone.*
- *Our second tracing attempt will be in the community.*

5. Ending the Visit

This is the end of our visit today.

- *What questions do you have for me now?*
- *I am available as a resource if you need me. Our clinic is open from* [mention the time for working days including weekend if open on weekend].
- *There is also a provision for us to do Home Testing. Let me know and my colleagues or myself will come and test your family at home.*

*We realize inviting a partner(s) or child(ren) or other/guardian can be difficult. If you are unable to invite your partner(s) or child(ren) or other/guardian, you are still welcome to come here. We will not be angry with you. We will simply offer additional support if you need it.*

### Job Aid: Index Case Finding Counselling Script for Assisted Contact Follow Up[10]

The following script should be used in assisted contact follow up situations. HCWs should use the script as a guide to ensure voluntary consent is obtained from the index client to follow up with his/her contact(s) and assure the index client the process is anonymous and confidential.

1. Introducing the Counselling Session

HTC Room: This should occur after the client has already learned his/her HIV status and received post-test counseling. Alternatively, it can be incorporated into post-test counseling.

ART Clinic: This should occur during screening for Index Case Testing (ICT)

- *I am ________________________ and I work at the clinic. My job is to support people with inviting their partners, children or other household members to the clinic and, if they are interested, in disclosing their HIV status to their partner or family members.*
- *Do you have any questions before we begin?*

2. Discussing the Process of Assisted Contact Follow Up

*We would like to help you invite your partner, children or other household members to the clinic to participate in HIV testing and counseling with you or alone. You indicated that you do not feel comfortable contacting your contact to come to the health facility for HTS. With your permission, myself or a colleague will call the person and discuss the following points:*

- *s/he may be at risk of HIV exposure*
- *benefits of HTS*
- *testing and treatment services available at the health facility*

*We will NOT tell the person your name or that you recommended that s/he be tested.*

4. Consenting for Assisted Contact Follow Up

*Do you agree to have your contact(s) contacted by myself or a colleague? Remember, the contact will only be contacted by phone and we will NOT tell the person your name. The contact can choose where to be tested whether at this clinic or a different clinic, or home visit.*

4. Collecting Contact Information

*Can you please provide the name* [probe for nicknames as well] *and best phone number for your contact? Would you like to provide any additional details (e.g. if s/he shares the phone with someone else, best time to call, etc)?*

*Thank you for this information. This will be helpful ensuring your contact receives HTS.*

5. Ending the Visit

This is the end of our visit today.

- *What questions do you have for me now?*
- *I am available as a resource if you need me. Our clinic is open from* [mention the time for working days including weekend if open on weekend].

### Psychosocial Support Tool: Intimate Partner Violence Screening Tool

Intimate partner violence (IPV) is a risk of some index clients when disclosing their HIV status to partners or family. Addressing the fears or concerns of violence while discussing index testing can help the index client approach the situation in a safe manner, and if needed, seek help. Once implemented, screening should be routine part of the standard of care for index case finding procedures and administered to all patients, regardless of their partner status. In addition to administering the tool, providers should be equipped to provide first-line support to the patient. The WHO defines "first line support" using the acronym "LIVES": Listening, Inquiring, Ensuring safety, and Support through referrals.[11]

#### *Intimate Partner & Household Members Violence (IPV) Screening Tool*[11]

*Unfortunately, violence affects many families. Violence in the home and/or with sexual partners may result in physical and emotional problems for you and your family members. Some people are too afraid or uncomfortable to bring it up themselves, so health providers have been trained to routinely ask all patients the following questions about their sexual partners and/or other household members. We are offering services to anyone who may be concerned about violence in the home.*

1. Has your sexual partner(s) or other household members ever hit, kicked, slapped, or otherwise physically harmed you?

   ☐ Yes ☐ No

2. Has your sexual partner(s) or other household members ever threatened to hurt you?

   ☐ Yes ☐ No

3. Has your sexual partner(s) or other household members ever forced you to do something sexually that made you feel uncomfortable?

   ☐ Yes ☐ No

4. Has your sexual partner(s) or other household members ever threatened you in other ways such as divorce (if partner), desertion, lack of support, taking away access to your children, or other threats?

   ☐ Yes ☐ No

#### *Procedure*

1. The IPV tool is not necessarily just for partners. In some cases, other household members (e.g. aunts, uncles, grandparents) may be involved. It is important to use the tool for all index client's regardless of their contacts as part of routine care.
2. Use the screening tool after screening the index client and counselling him/her to bring in untested household members and sexual partners.
3. Complete one tool per index client. While completing the tool:
   a. Emphasize the confidentiality of their responses.

   b. Remind them that the health facility is a safe place talk about it and to receive help.
   c. Treat the index client with respect and empathy. Do not judge the client.
   d. Know that IPV can happen in any relationship, regardless of the gender.
4. If the client responds "yes" to any of the questions:
   a. Offer first-line support;
   b. Consider options for index case finding that the client feels safe to use (e.g. assisted follow up by an HTS provider); and,
   c. Refer the client to appropriate social services using the *Referral Directory for Linkage to Social Services*.

### Psychosocial Support Tool: Referral Directory for Linkage to Social Services

Many index cases living with HIV struggle with an array of social struggles including violence in the home, depression, anxiety, alcohol and/or drug addiction, and thoughts of suicide. Care and treatment for these are often not considered a standard package of HIV care, primarily due to lack of awareness of what services are available. To address this challenge, it is important that each facility develops and regularly updates its own Referral Directory to be able to refer patients quickly and easily to locally available social services.

#### *Developing a Referral Directory*

1. During the ICF Implementation Workshop, begin by making a list of known, local organizations that provide social services.
2. Designate one member of the ICF focal team to contact each organization via phone.
3. During the phone call, the designated ICF focal team member should ask and make note of the organization/facility's:
   a. Name
   b. Exact location
   c. Targeted social service (e.g. violence, depression)
   d. Services available and hours of service
   e. Contact details
   f. Any other local organizations that provide similar services
4. Once all organizations/facilities have been contacted and information collected, the ICF focal team member should develop a one page Referral Directory poster for the facility (see sample below).
5. Posters should be printed and laminated.
6. Hang one poster in each office/room that provides ICF activities.
7. It is the responsibility of the ICF focal team member to update the Referral Directory annually.

### *Using the Referral Directory*

1. The Referral Directory acts as a resource for any health care worker in the health facility.
2. If at any time a HCW believes an index client (or other patient) may benefit from additional social services, the Referral Directory should be referenced.
    a. Note for ICF: index clients that screen positive for violence in the home should be referred immediately to additional social services.
3. Provide the index client (or other patient) with an appropriate referral and make a note of the referral in his/her medical records.
    a. If there are social services provided directly in the health facility, refer the index client (or other patient) to the psychosocial counselor first. After initial assessment, the counselor can refer the patient to additional services, if needed.
    b. If appropriate, a Social Services Referral Form (see sample below) can be completed and given to the index client to take to the referred organization/facility.

### *Example Referral Directory*

Social Services Referral Directory for [health facility name]

| Targeted Social Service | Organization Name & (Hours of Service) | Contact Details | Location | Remarks |
|---|---|---|---|---|
| Violence | XYZ Organization (M-F 8am-6pm) | Ph: 555-5555 Email: xyz@aol.com | 123 Main St. Namibia Town | counselling, support groups |
| | Namibia Town Support Group (Tues @ 6pm) | Ph: 555-5555 Sue Simons | ABC Center 456 State St. Namibia Town | Meetings every Tues @ 6 pm |
| | Namibia Town Police Dept (all hours) | Ph: 555-2222 Sgt. John | 888 Tree St. Namibia Town | Sgt. John specialist in IPV |
| Alcohol/Drug Addiction | ABC Rehab Center (all hours) | Ph: 555-3333 | 456 Main St. Namibia Town | Private ($$) rehab clinic |
| | Substance Abuse Hotline (all hours) | Ph: 1-800-123-4567 | None | Free. Counselor available at anytime to talk |

*Updated: August 2018 by [name of ICF focal person]*

### *Social Services Referral Form*[12]

Below is an example social services referral form from the Baylor College of Medicine's Children Foundation-Malawi. Referral to psychosocial services (e.g. IPV and/or drug/alcohol abuse is made by completing the form. Completed forms are kept by the psychosocial service provider after seeing the client. Follow up visits needed are arranged by the service provider.

| **PART A. PERSONAL DETAILS** | | | |
|---|---|---|---|
| **Client Name:** | | Age: | Sex: ☐ Male ☐ Female |
| **Physical Address:** | | | |
| **Client's Phone Number:** | Contact Person: | | Relationship: |
| | Phone Number for Contact Person: | | |
| **Main Presenting Problem(s)/Issue(s):** | | | |
| **HIV Status** | ☐ Reassisted | ☐ Non-reassisted | ☐ Unknown |
| **If reassisted, ART Status** | ☐ On ART | ☐ Not on ART | ☐ART # (If applicable): ____________ |
| **Assisted Medical Diagnosis (if any):** | | Date of Diagnosis(if known): ________/________/______________ | |
| **Referred by:** | ☐ Clinician<br>☐ HCW<br>☐ Study staff | ☐ Nurse<br>☐ Teen Mentor<br>☐ Other________________________________ _______ | ☐ HDA/HTS Counselor<br>☐ Family/Relative(s) |
| **Referral Source:** | ☐ ART Clinic<br>☐ Teen Club<br>☐ Other_______________________________________________ _______________ | ☐ HTS<br>☐ Ward(Specify)____________________________ ___________ | ☐ OPD |

| **PART B. REASONS FOR REFERRAL: (Tick all that apply)** | | |
|---|---|---|
| ☐ Poor ART adherence | ☐ Stress/anxiety | ☐ Poor social support/relationship difficulties |
| ☐ High viral load | ☐ Suicidal thoughts | ☐ Marital issues |
| ☐ Denial/shock (at HIV Diagnosis) | ☐ Depression | ☐ Child neglect |
| ☐ Drug use disorder | ☐ Grief and bereavement | ☐ Stigma & Discrimination |
| ☐ Alcohol use disorder | ☐ Rape/Defilement | |

| ☐ Intimate partner violence (IPV) ☐ Defaulter/Lost to follow-up/habitual missed appointment<br>☐ Refusal of ART initiation<br>☐ Problem behavior (specify) ______________________________________________<br>☐ Other (Specify ______________________________________________________ |
|---|
| *Additional information/ Remarks (if applicable)* ______________________________________________________________________________________________________________________________________________________________________ |
| Name of Referring Officer:________________________________<br>Signature:_____________________<br>Mobile Phone Number:__________________________________ Date: _______/_______/_________ |
| PART C. OUTCOME FEEDBACK |
| **Summary of the outcome**: |
| |
| |
| |
| |
| Name of PSS Care Provider:________________________________<br>Signature_____________________ |
| Mobile Phone Number:__________________________________ Date: _____/______/_________ |

## Home Visit Procedure[7]

This procedure outlines the general process for conducting a home visit. It is intended for use by health care workers to track index clients that have not returned with contacts and consented to being visited at home. Preparation for the home visit should be done at the health facility, while home visits are conducted at the index client's home.

Consent for home visits is done at the time of completing the ICF Register home follow-up/locator information. It is important to always respect the preferences of the index client when conducting home visits.

### Section 1: Preparation

1. Before deciding to make a home visit:
    a. Try to contact the participant by phone to ensure s/he will be home at the time of the visit
    b. Liaise with the health facility's HCWs to see if they are already planning a home visit for the same index client for another reason.
        i. If a HCW is already conducting a home visit, ask them to remind the index client to bring their contacts in for HIV testing.
        ii. If a HCW is not already conducting a home visit, continue with the protocol below:
2. Discuss with the Supervisor your plan for conducting the home visit. Home visits should only occurred on scheduled days.
3. Bring with you:
    a. The complete locator information and know where you're going
    b. Your ID badge, but you don't have to wear it (to maintain confidentiality and avoid attracting unnecessary attention)
    c. Notebook and pen
    d. Charged cell phones (for security)
4. Ensure professional behavior and attire.
5. Remember that confidentiality is a PRIORITY.
6. No hand-outs or incentives should be given or received.
7. If going by bicycle or motorcycle, confirm that it is in working order and bring any necessary tools or safety equipment with you.

### Section 2: Conducting the Home Visit

1. After arriving at the home, lock and store your bicycle/motorcycle in a secure area.
2. Ensure that you are speaking to the appropriate person before you disclose any information.
3. If the person is not the index client, ask to speak with him/her.
4. If the home is near another, agree with the index client on a private area to speak.
5. Introduce yourself as a HCW from the health facility (use ID badge if needed), following up regarding contact testing.
6. Discuss with the participant that their contacts have not returned to the health facility for HTS.
7. Work with the index client through any obstacles s/he is facing in giving referral slips/love letter (see Job Aid: Index Case Finding Script for Passive Contact Follow Up).
8. If the participant refuses, respect their decision. If available through the health facility, can offer assisted contact follow up.
9. Thank the index client and depart.

### Section 3: Post Visit Documentation

1. Upon returning to the health facility, make any updates to the ICF Register (e.g. date of expected contact test date and/or choice for assisted referral). Do this within 24 hours of the home visit.
2. Communicate to the Supervisor the outcome and any other concerning issues about the index client.

### Assisted Contact Follow Up Procedure

This procedure outlines the general process for following up index client contacts. It is intended for use by health care workers for index clients that requested assisted contact follow up. All phone calls should be made in a confidential area within the health facility.

It is strongly recommended that:

- phone calls are made on a health facility phone with corresponding call log; and,
- calls are made by a person of the same gender.

1. Review the ICF register weekly and make a list of all calls needed to be made. Separate calls by gender.
2. Plan a time and private space that multiple follow up calls can be made.
3. Prepare for the phone call(s) by:
   a. Double checking the phone number is complete
   b. Ensuring phone signal is sufficient
   c. There is enough talk time/airtime on the phone to complete the needed calls
4. Call the contact's phone number listed.
5. Ask to speak with the contact. If s/he is not available, ask when a better time to call would be. To maintain confidentiality, do NOT disclose your affiliation with the health facility.
6. Confirm you are speaking with the contact before continuing.
7. If the contact is available, use the following script[13] to organize a time for him/her to come for HTS:
   a. *Good morning/afternoon. My name is* [insert name] *and I am calling you from [health facility]. Are you free to talk right now or should I call you another time?*
   b. *I work with the HIV testing services at the health facility. We offer a range of health services including HIV testing to people believed to have been exposed to HIV infection.*
   c. *HIV testing can benefit both you, your family and your sexual partners. If found HIV-negative, you will learn strategies to prevent HIV infection. If HIV-positive, we can help link you to care and treatment to help you live a healthy life and prevent transmission of the virus to others.*

*d. The HIV test is offered free of charge at our clinic. Your results will be treated with high confidentiality and no other person other that you will be informed.*
*e. Our clinic is located at* [insert location of health facility] *and is open from* [insert hours of operation].
*f. Do you have any questions for me?*
*g. Which day/date can I expect you for testing?*

8. Once the call is completed, indicate the length of the call, the outcome of the call and the on the call log (see sample below).

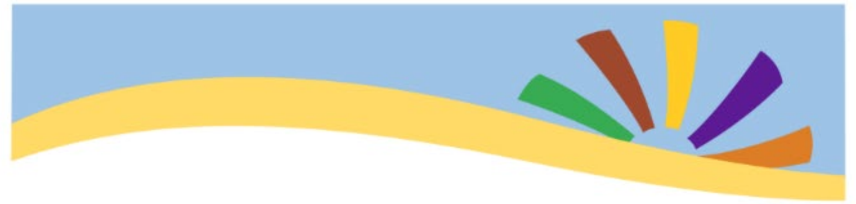
| Index client HTS/ART # | Relation of Contact *(tick one)* | Date of call *(dd/mm/yy)* | Length of call *(min:sec)* | Outcome of call *(tick one)* | Initials of Caller | Comments/ Remarks |
|---|---|---|---|---|---|---|
| | partner<br>child<br>other | | | HTS accepted, date: _____________<br>Refused HTS, reason: ____________<br>Not available, time/date of next call: ______________<br>No one answered | | |

## Information, Education and Communication (IEC) Materials: ICF Poster[7]

IEC materials refer to any poster, flyer, leaflet, brochure, booklet, message for health education sessions, radio broadcast, TV spot, etc. developed as a means of changing or reinforcing health-related behaviors in a target audience, in this specific case index case finding.

IEC materials can be developed to reinforce and educate on the following index case finding topics:

- Family HIV testing days (see example below) and/or times and days HTS is available at the health facility
- The importance of HIV testing sexual partners
- Disclosure services
- HIV preventative services
- ART services



# Family Testing Day

Testing services will now be open on the weekend to make it easier for you and your family to stay healthy.

***Check the health of your loved ones!***

- Bring your Family Referral Slip for fast service
- Enjoy health talks on family issues.
- Testing is free, confidential and voluntary!

**Talk to health facility professionals at the HTC room for details.**

**SATURDAYS**

# Step 4: Index Case Finding Reporting

Monitoring and evaluation are critical to measure the progress and see the impact of index case finding activities on the health facility. Information from M&E reports can help identify shortcomings in implementation and guide best practices. Further, through reports, the quality of implementation can be assessed via data checking. It is important that a standardized approach to reporting and sharing data be developed as part of the national role out of ICF activities. Ideally, monthly, or quarterly reports, should be submitted to the MOHSS to include in current national HIV reports and MOHSS-led health facility-level supervisions and reports be done on a regular basis. At the health facility-level, the local ICF team should assist in monitoring activities and goal progress.

## Standard Operating Procedure

### Scope

The 'Creating a Nationwide ICF Data Sharing Plan' procedure targets the Ministry of Health and Social Services. The 'Index Case Finding Reporting at the Health Facility' targets index case finding implementation within the health facility, and all those involved.

### Responsibilities

This procedure is intended for use by ICF focal persons within the MOHSS and health facility, specifically their monitoring and evaluation (M&E) teams.

### Procedure

#### *Creating a Nationwide ICF Data Sharing Plan*

A nationwide data collection and sharing plan is a necessary part of monitoring and evaluating ICF progress and goals and developing best practices. The following steps are a recommended framework for developing a standardized, nationwide data sharing plan:

- Develop an ICF Technical Working Group (or include as a primary focus into an existing TWG) to lead the development of nationwide ICF activities
- Set specific, measurable, nationwide goals for ICF
- Determine the data needed from each health facility to sufficiently monitor the goals
- Integrate ICF data into existing, standardized MOHSS M&E tools and reports
- Communicate nationwide ICF goals and expectations to all health facilities
- Develop a method to communicate nationwide and individual site/district-level progress back to health facilities
- Hold a workshop to introduce the new data and its implications to all necessary MOHSS staff, specifically the M&E team

- Include ICF as an agenda point to all MOHSS data review meetings
- Ensure the ICF TWG meets quarterly to review goals, progress and develop best practices

### *Index Case Finding Reporting at the Health Facility*

1. At the facility, the ICF focal persons are responsible for completing the monthly report.
2. Monthly reporting should be prepared at the health facility using the *ICF Monthly Report*. Complete the report using data from the previous month (e.g. February monthly reports will use January data). Sum the column totals at the bottom of each page and enter into the corresponding space in the monthly report.
3. Once completed, the report will be submitted to the M&E team for further entry and analysis at the main office.
4. At the main office, the M&E team is responsible for:
    a. Doing a quality check of the monthly report and completing the 'Quality Check Completed By:' section by writing their name, signing and date;
    b. Notifying the site of any errors/discrepancies observed;
    c. Entering data from each report into the main database; and
    d. Reporting back to the site regarding their progress toward goals.
5. Once feedback is received from the M&E team, it is the responsibility of the ICF focal persons to give feedback to the health facility team and other stakeholders on key indicators and goal progress.
6. The ICF focal persons should continue to evaluate ICF strategies and procedures to identify best practices in an effort to improve goal progression.

# Tools and Resources

### Index Case Finding Monthly Report[7]

The goal of the monthly report is to track the effectiveness of index case finding. It gives details on the number of index cases identified, the number of untested contacts identified, number of contacts who return to the clinic, and the testing results of the contact cases. The data from this report can be used to identify gaps in the ICF procedure and determine its feasibility and acceptability.

- Monthly reporting is completed by the ICF focal person.
- The monthly report should be completed by the 5$^{th}$ of the following month using the ICT register from the previous month.  Ie: February reports written by March 5th will be January data.
- Data for all parts (Parts I, II, III) come from the same month.
- This report is prepared at the site and collected by the M&E team monthly for further entry and analysis at the main office.

- It is the responsibility of the ICF focal person and M&E team to share the interpretation of the report and any results of any analyses done with the team at the site

### *Index Case Finding Monthly Report*

**Instructions:** This report should be written using the ICF register data from the previous month. E.g. February reports written by March 5$^{th}$ will use January data. Data for all parts (Parts I, II, and III) should come from the same month.

| Site: | District: |
|---|---|
| Reporting Month: | |
| Month of Data Source: | |

**Part I: Screening and referrals for index case finding**

| | | Data Source | Site Result | M&E Check |
|---|---|---|---|---|
| A1 | Total # of Index Clients Screened | Index Case Register (A1) | | |
| A2 | Total # of untested contacts | Index Case Register (A3+A4+A5) | | |
| A3 | Total # of untested children | Index Case Register (A3) | | |
| A4 | Total # of untested Spouses/ Sexual Partners | Index Case Register (A4) | | |
| A5 | Total # of untested Guardians or Other | Index Case Register (A5) | | |
| A6 | Total # of untested aged 0-11mo | Index Case Register (A6) | | |
| A7 | Total # of untested aged 1-14y | Index Case Register (A7) | | |
| A8 | Total # untested aged 15-24y | Index Case Register (A8) | | |
| A9 | Total # untested aged 25+y | Index Case Register (A9) | | |
| A10 | Total # requesting assisted contact follow up | Index Case Register (A10) | | |
| A11 | # of referral slips/love letters given to clients for index case testing | Index Case Register (A11) | | |

Part II: Sexual partner and household member testing results

| | | | Data Source | Data Check | Site Result |
|---|---|---|---|---|---|
| B1 | Total # of contacts referred | | Index Case Register (B2+B3+B4+B5+B6) | | |
| B2 | Test Result | New Negative | Index Case Register (B2) | | |
| B3 | | New positive | Index Case Register (B3) | | |
| B4 | | New inconclusive | Index Case Register (B4) | | |
| B5 | | New Exposed Inf | Index Case Register (B5) | | |
| B6 | | Not done | Index Case Register (B6) | | |
| B7 | Total number of contacts tested | | Index Case Register (B2+B3+B4+B5) | | |

Part III. Index Contacts testing results by Relation Type

| | Relationship Types | | | |
|---|---|---|---|---|
| | Spouse/Sexual Partner | | Children | |
| Test Result | Male | Female | Male | Female |
| Total New positive | | | | |
| Total New negative | | | | |
| Total New inconclusive | | | | |
| New exposed infant | ■ | ■ | | |

| Report Completed by: |
|---|
| Name: |
| Signature |
| Date: |

| Quality Check Completed by: |
|---|
| Name: |
| Signature |
| Date: |

*Preparing the Index Case Register for Reporting*

1. Start a new page for each month.
2. For the previous month (e.g. for reporting month of February, prepare January data):
    a. When the page is full complete 'Page Totals' boxes at the bottom of each column.
    b. Totals Boxes must not be left empty. Write 0 (zero) in the box if none of the options in the column were circled.

### *Completing the ICF Monthly Report*

1. Double check all ICF register pages' 'Page Totals' for completeness for the previous month.
2. Complete the top section of each report with the site name, district, current reporting month and month of data source.
3. Use page totals to complete the report for Part I and Part II.
4. To complete Part III, tally the results by sex and relationship type. For example, for all new positives count the number of sexual partners who are male in that month.
5. Once all parts of the report are complete and checked for accuracy, the ICF focal person should complete the 'Report Completed By' section by writing their name, signing and date.

# Step 5: Supervision and Quality Assurance

Quality assurance is of great importance when implanting index case finding activities as non-fidelity to procedures may increase serious adverse events such as violence and breaches in confidentiality. The following procedure ensures that ICF procedures are implemented as designed.

## Standard Operating Procedure

### Scope

This procedure targets all ICF procedures and data.

### Responsibilities

This procedure is intended for use by ICF focal persons at site and the Ministry of Health and Social Services national supervision team.

### Procedure

1. At the facility, the ICF focal persons are responsible for supervision, by regularly:
    a. Ensuring ICF program activities are being implemented as discussed in the training and outlined in the SOP;
    b. Ensuring each department is aware of ICF strategies and briefing new staff;
    c. Organizing regular meetings to discuss best practices and edit the ICF SOP accordingly
    d. Reviewing data entry during monthly reporting; and
    e. Sharing data and best practices regularly between departments and facilities
2. MOHSS supervisors are responsible for supervising ICF activities at the health facility on a regular basis (e.g. monthly for first 6 months of implementation, then quarterly/annually) using the *ICF Supervision Checklist*. Supervisions should consist of, at minimum, the following:
    a. Revision of previous ICF Supervision Checklist
    b. Revision of the Index Case Finding Register
    c. Revision of associated ICF documentation in referral booklets, HTS register, ART register, etc.
    d. Observation of an ICF health talk
    e. Revision of the ART and HTS screening process
    f. Observation of ICF counselling session
    g. Observation of an IPV screening (and referral, if necessary)
    h. Review of both passive and assisted contact follow up strategies
    i. Check for availability of tools and registers

    j. Revision of ICF-related procedures including home-based testing, self-testing, etc.
    k. Discussion of ICF partnerships with the community and/or other health facility organizations
    l. Revision of goal progression and areas of improvement
3. Once completed, the ICF Supervision Checklist a copy should be stored with the health facility records. Any outstanding issues should be communicated to the health facility's ICF team and any other relevant personnel.

# Tools and Resources

### Index Case Finding Supervision Checklist[7]

**Instructions:** The ICF supervision checklist should be used to guide supervisors during supervision of ICF activities at a site. Supervisors will complete the checklist quarterly when supervising ICF activities at the site. They will circle Yes (Y) or No (N) for items observed or reported and include comments in the spaces provided, where indicated. The completed checklist should be reviewed with the ICF focal person and stored with the department in-charge and/or other health facility records.

| Ref No. | Check | Check completed? | Comment |
|---|---|---|---|
| 1 | Revision of previous ICF Supervision Checklist done? | ☐ YES<br>☐ NO → comment & skip to 2 | |
| 1.1 | Previous issues resolved? | ☐ YES<br>☐ NO → comment | |
| 2 | Revision of ICF Case Finding Register done? | ☐ YES<br>☐ NO → comment & skip to 3 | |
| 2.1 | Register is completed according to protocol? | ☐ YES<br>☐ NO → comment | |
| 2.2 | (Passive) Number of referral slips documented in register is equal to the number given in the referral booklet? | ☐ YES<br>☐ NO → comment | |
| 2.3 | (Passive) Documentation of contacts returning for testing matches documentation in referral booklet? | ☐ YES<br>☐ NO → comment | |
| 2.4 | (Assisted) Documentation of index clients requesting assisted contact | ☐ YES | |

| | follow up matches documentation (i.e. # of calls made) in call log? | ☐ NO → comment | |
|---|---|---|---|
| 2.5 | (Assisted) Documentation of contacts returning for testing matches documentation in call log? | ☐ YES<br>☐ NO → comment | |
| 2.6 | Contacts identified as HIV+ have been linked to care (i.e. have ART number)? | ☐ YES<br>☐ NO → comment | |
| 3 | Revision of associated ICF documentation done? | ☐ YES<br>☐ NO → comment & skip to 4 | |
| 3.1 | ICF Monthly Reports stored | ☐ YES<br>☐ NO → comment | |
| 3.2 | ICF screening is properly documented in the ART department? | ☐ YES<br>☐ NO → comment | |
| 3.3 | ICF screening is properly documented in the ART department? | ☐ YES<br>☐ NO → comment | |
| 3.4 | Referral booklet(s) is completed according to protocol? | ☐ YES<br>☐ NO → comment | |
| 3.5 | *Additional health facility-specific checks should be developed as needed.* | ☐ YES<br>☐ NO → comment | |
| 4 | Observation of an ICF health talk done? | ☐ YES<br>☐ NO → comment & skip to 5 | |
| 4.1 | Health talk was done according to protocol? | ☐ YES<br>☐ NO → comment | |
| 5 | Revision of screening processes in HTS and ART department done? | ☐ YES<br>☐ NO → comment & skip to 6 | |
| 5.1 | Clients are screened in HTS department according to protocol? | ☐ YES<br>☐ NO → comment | |
| 5.2 | Clients are screened in ART department according to protocol? | ☐ YES<br>☐ NO → comment | |
| 6 | Observation of ICF passive contact follow up counselling session done? | ☐ YES<br>☐ NO → comment & skip to 7 | |
| 6.1 | Job aid with script used during counselling session? | ☐ YES | |

| | | ☐ NO → comment | |
|---|---|---|---|
| 6.2 | Was the following discussed during counselling session: importance of ICF; when/where/how referral slip can be given to contact; action plan for giving referral slip? | ☐ YES<br>☐ NO → comment | |
| 6.3 | Discussion regarding disclosure (self vs. provider & risks and benefits of disclosure) done? | ☐ YES<br>☐ NO → comment | |
| 7 | Observation of ICF assisted contact follow up counselling session done? | ☐ YES<br>☐ NO → comment & skip to 8 | |
| 7.1 | Job aid script used during counselling session? | ☐ YES<br>☐ NO → comment | |
| 7.2 | Gained consent for assisted follow up of contacts? | ☐ YES<br>☐ NO → comment | |
| 8 | IPV screen observed? | ☐ YES<br>☐ NO → comment & skip to 9 | |
| 8.1 | Referral given using Referral Directory? | ☐ YES<br>☐ NO → comment | |
| 9 | Checked for availability of supplies and tools? | ☐ YES<br>☐ NO → comment & skip to 10 | |
| 9.1 | ICF registers available in all necessary departments? | ☐ YES<br>☐ NO → comment | |
| 9.2 | Referral booklets and love letters available in all necessary departments? | ☐ YES<br>☐ NO → comment | |
| 9.3 | Test kit supply sufficient? | ☐ YES<br>☐ NO → comment | |
| 10 | Revision of ICF-related procedures done? | ☐ YES<br>☐ NO → comment & skip to 11 | |
| 10.1 | Home-based testing procedures and documentation done according to protocol? | ☐ YES<br>☐ NO → comment | |
| 10.2 | *Additional health facility-specific checks should be developed as needed.* | ☐ YES<br>☐ NO → comment | |

| 11 | Discussion of community and health facility involvement done? | ☐ YES<br>☐ NO → comment & skip to 12 | |
|---|---|---|---|
| 12 | Revision of goal progression done? | ☐ YES<br>☐ NO → comment | |

To be completed by health facility's ICF focal person(s):

Supervision reviewed and all 'No' marks discussed?

Name:

_______________________________________________________________________________

Signature: ________________________________ Date: ________________________

# References

1. Namibia Ministry of Health and Social Services. National Guidelines on HIV Testing Services 2018. Windhoek, Namibia: Namibia Ministry of Health and Social Services; 2018.
2. Technical Support to PEPFAR in the Southern African Region (TSP) project team. Assessment of Index Case Finding Activities and Guidelines in Namibia 13-17 August 2018. TSP project team; 2018.
3. Ahmed S, Sabelli RA, Simon K, Rosenberg NE, Kavuta E, Harawa M, Dick S, Linzie F, Kazembe PN, Kim MH. Index case finding facilitates identification and linkage to care of children and young persons living with HIV/AIDS in Malawi. *Trop Med Int Health*. 2017. doi:10.1111/tmi.12900.
4. Simon KR, Flick RJ, Kim MH, Sabelli RA, Tembo T, Phelps BR, Rosenberg NE, Ahmed S. Family Testing: An Index Case Finding Strategy to Close the Gaps in Pediatric HIV Diagnosis. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2018;78:S88-S97. doi:10.1097/qai.0000000000001731.
5. World Health Organization. Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. Geneva, Switzerland: World Health Organization; 2016.
6. World Health Organization. Consolidated guidelines on HIV testing services. Geneva, Switzerland: World Health Organization; 2015.
7. *Adapted from:* Tingathe Community Outreach Program Index Case Finding Toolkit. Lilongwe, Malawi: Tingathe Community Outreach Project; 2017.
8. *Adapted from:* Malawi Ministry of Health. Standard Operating Procedures for Index Testing Using Family Referral Slips (FRS). Lilongwe, Malawi: Malawi Ministry of Health; July 2017.
9. *Adapted from:* Rosenberg NE. Partner Notification for HIV-infected Pregnant Women: Intervention Procedures from a Randomized Control Trial in Lilongwe, Malawi. Lilongwe, Malawi: UNC Project; 2018.
10. *Adapted from:* Rosenberg NE, Mtande T, Saidi F, Stanley C, Jere E, Mwangomba L, Kumwenda K, Mofolo I, Miller WC, Hoffman I, Hosseinipour M. Recruiting Male Partners for Couple HIV Testing and Counseling in Malawi’s Option B+ Program: A Randomized Controlled Trial. Lancet HIV, 2015 Nov;2(11):e483-91. PMC4656790.
11. World Health Organization. Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva, Switzerland: World Health Organization; 2014.
12. Adapted from: Baylor College of Medicine’s Children Foundation-Malawi. Psychosocial Toolkit. Baylor College of Medicine’s Children Foundation-Malawi; 2018.
13. NAPPA. Index HIV Testing and Counselling Home Talking Points. NAPPA.

# Index Case Finding Toolkit

**Namibia 2018**

## Implementation Training

# Overview

A. Background ICF Procedure Summary
B. ICF Step by Step
    I. Screening index clients
    II. Registering partner and household contacts
    III. Passive and assisted methods
    IV. Index client and contact follow up
    V. ICF Reporting
C. Additional Tools
    I. Family Screening Matrix
    II. IPV Screening
D. Summary & Wrap Up

# BACKGROUND
## what is ICF and why does it matter?

# What is ICF?

ICF: Index Case Finding

ICF is a recommended, evidence-based approach to deliver HIV Testing Services (HTS) to sexual partners and household members who have been exposed to HIV through an index case.

A HCW asks the index client about their untested household members and/or sexual partner(s). With voluntary consent from the index client, the HCW will then offer either passive or assisted contact follow up to provide HTS to their contacts.

*World Health Organization. Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. Geneva, Switzerland: World Health Organization; 2016.*

# What is considered an Index Client?

An index client is either:

- An HIV-infected individual with untested household members and/or sexual partners; or,
- An HTS patient with a negative HIV test and a sexual partner(s) with an unknown HIV status

*Adapted from: World Health Organization. Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. Geneva, Switzerland: World Health Organization; 2016.*

# Why does ICF matter?

90-90-90: Reaching the first ‘90’

**90% of people living with HIV know their HIV status**

**10-14% gap in Namibia to reaching the first 90**

- Need to target our testing efforts to increase testing yield
- As we identify more and more people living with HIV and start them on treatment, it becomes **more difficult** to find the undiagnosed clients
- Strategies that have worked in the past aren’t as effective anymore

**We need new strategies!**

# Does it work?

*Sexual partners and family members of known HIV+ clients are more likely to be living with HIV than the general population → a good population to target*

*Evidence of ICF – a few examples:*

J Acquir Immune Defic Syndr. Author manuscript; available in PMC 2017 Dec 15.
Published in final edited form as:
J Acquir Immune Defic Syndr. 2016 Dec 15; 73(5): e83–e89.
doi: 10.1097/QAI.0000000000001184

PMCID: PMC5175406
NIHMSID: NIHMS816153
PMID: 27846074

## Active referral of children of HIV-positive adults reveals high prevalence of undiagnosed HIV

Anjuli D WAGNER,[1] Cyrus M WACHIRA,[2] Irene N NJUGUNA,[2] Elizabeth MALECHE-OBIMBO,[2] Kenneth SHERR,[3] Irene W INWANI,[4] James P HUGHES,[5] Dalton C WAMALWA,[2] Grace C JOHN-STEWART,[6] and Jennifer A SLYKER[1]

Renatus Kisendi,[3] Werner Maokola,[3] Erick Mlanga,[4] Ruth Lemwayi,[1] Kelly Curran,[5,6] and Vincent Wong[2]

# ICF STEP BY STEP

# ICF Step by Step

1. Health talk
2. Screen
3. Ask about & Register Contacts
4. Screen client for Intimate Partner Violence (IPV)
5. Index Client decides Method of Contact Follow Up (passive or assisted)
6. Index Client Follow Up (passive) & Contact Follow Up (assisted)
7. HTS of Contacts
8. Reporting

# ICF STEP BY STEP

## step 1: screening

# Flowchart

**ART Department**
**<u>HCW</u>** screens client at ART waiting area
*(See: Screening & Documentation in the ART Dept and HTC Room)*

**HTC Room**
**<u>HTS Provider</u>** screens clients after HIV test is completed
*(See: Screening & Documentation in the ART Dept and HTC Room)*

# Health Talk

**DISCUSSION:**

- Do you currently do health talks in your health facility?
- Where and when do you think would be the best times?
- What key points could you make regarding ICF?

- Do as often as possible
- Do in key waiting areas and where patients congregate
- Discuss the importance of index case testing and the HTC service available at the health facility

# Health Talk

**Key Talking Points:**

- Importance of having your partner(s) and family tested
- Referral Slips/Love Letters and how they work
- assisted Contact follow up by HCWs
- Different methods of HTC for contacts
- Future of living with or without the disease

**Activities:**

- Have audience give reasons why partners and families do not get tested and correct any misconceptions
- Show people where HTC is done within the health facility
- Ensure there is a procedure in place to offer FRS immediately after testing positive or negative or at risk
- Have someone who is living with HIV (expert client) give a testimonial on when/how they helped to convince their spouse, partner or child to be tested (optional)

# Index Client Definition

## Who is considered an INDEX CLIENT?

An index client is:

- An HIV-infected individual with untested household members and/or sexual partners; or,
- An HTS patient with a negative HIV test and a sexual partner(s) with an unknown HIV status

# Screening in the HTC Room

1. Integrate screening into standard HTS procedure as to ensure no clients are missed.
2. Screen all clients with a positive HIV test for eligible contacts.
3. Screen all clients with a negative HIV test if s/he has a partner with an unknown HIV status or is categorized as high risk during the risk assessment.
   - Offer pre-exposure prophylaxis (PrEP), when available, to those categorized as high risk.
   - Counsel those taking PrEP to come for a HIV test after one month, followed by quarterly intervals.
4. Document that the patient has been screened for ICF in the 'Remarks' section of the HTS register.

# Screening in the ART Department

1. Screen all ART patients for eligible contacts prior or after to seeing the ART provider for their appointment.
2. Document that the patient has been screened for ICF. Patients should be rescreened regularly (e.g. bi-annually or at each visit).
3. Maximize confidentiality by screening in a private area.

# Screening in Other Health Facility Departments

1. Incorporate PITC into the standard of care package provided in each department
2. Maximize yield of PITC by seeking out newly admitted patients, targeting the busiest times of the day (usually morning), and ensuring PITC services are available during nights, weekends and holidays.
3. Offer HIV testing, using the opt-out approach, to any individual who meets the following criteria:
   - Never been tested
   - Tested negative >3 months ago
   - Has no documented HIV test
   - Has requested HTS
   - Known positive, not enrolled in HIV care services
4. If the client accepts HTS, continue with the procedure for HTC/VTC room. If the client refuses HTS, counsel on the importance of HTS for both him/her and their sexual partners.

# Screening

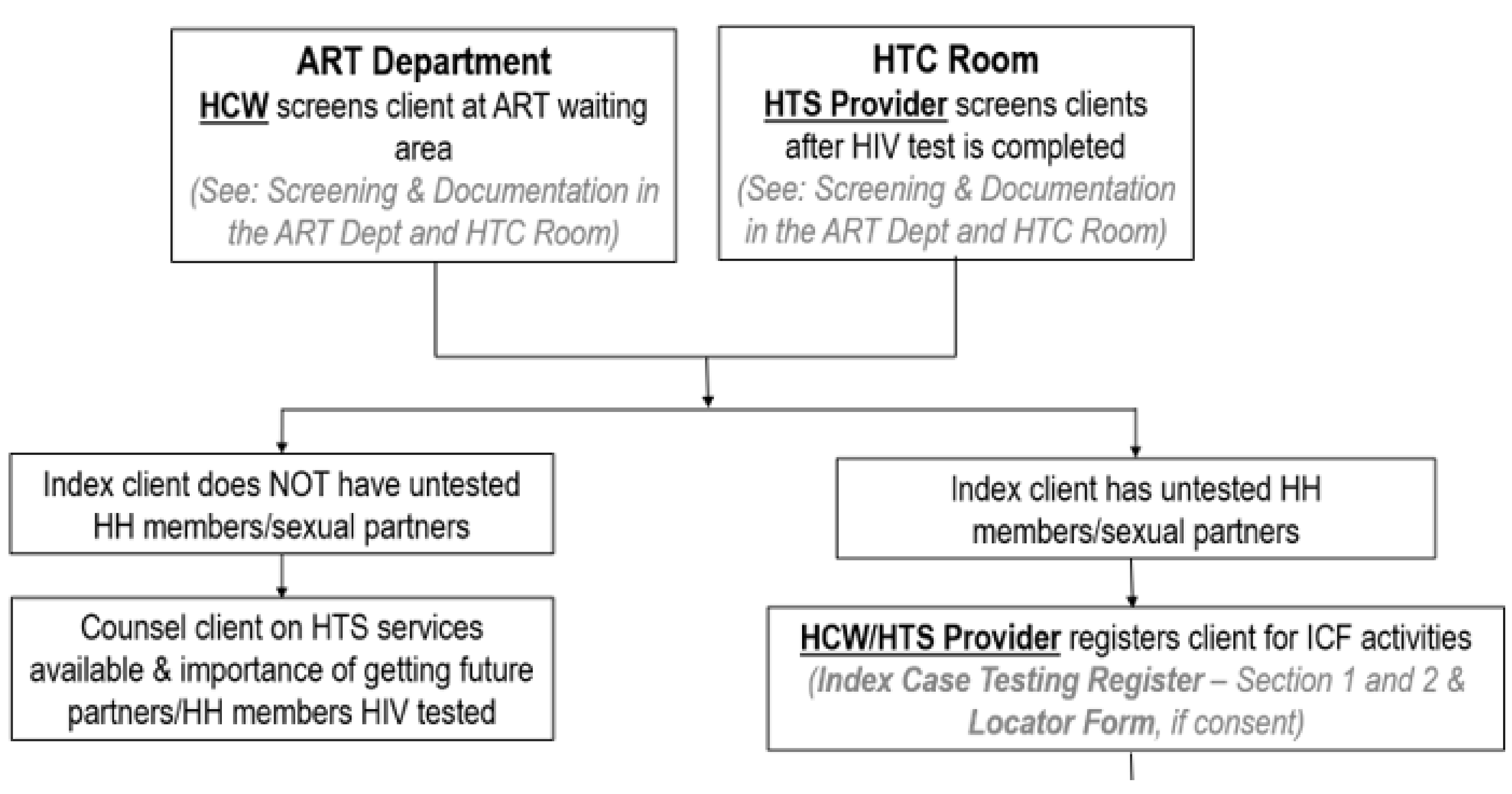
**DISCUSSION:**

- When can ART screening be integrated into the current client flow? Will it be done before or after the client sees the ART provider?
- How will you keep track of who has been screened in the HTC department? In the ART department?
- How can PITC be promoted in other departments?

# ICF STEP BY STEP

## step 2: registering untested partner and household contacts

# Flowchart



# Asking & registering untested contacts

Register all index clients with untested contacts in Sections 1 and 2 of the *ICF Register*.

- Enter all spouses/sexual partner(s), biological children, and/or other household members ***who are not already known to be HIV-infected*** as contacts of the index client.
- If one of the index client's household members is a child <2 years old who is not in exposed infant care, refer the child immediately for testing and link with a CHW for follow up.

# Registering untested partner and household contacts

**Index Case Testing Register** **Month:** ____________________

| SECTION 1: Index Client Registration & Consent for Follow Up *(Complete this entire section on the day index client is screened)* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | **Sex of Index** *(ciricle one)* | | | **Age of Index** *(circle one)* | | | | **Phone Follow-up?** *(ciricle one)* | | | **Home Follow-up?** *(ciricle one)* | | |
| **Date** *(dd/mm/yy)* | **Index Client's HTC#** *(if in HTC)* **or ART#** *(if in ART)* | **Index Client name** | Male | Female Non-Pregnant | Female Pregnant | 0-11mo | 1-14y | 15-24y | 25+y | Yes, consent to phone follow up | No, do NOT consent to phone follow up | **Phone#** | Yes, consent to phone follow up | No, do NOT consent to phone follow up | **Address of Index Client** |
| | | | M | FNP | FP | A | B | C | D | | | | | | |
| | | | | FN | | | | | | | | | | | |

**DISCUSSION:** Getting accurate locator information can be a challenge if an index client does not feel comfortable.

- How can you build rapport with the index client?
- How can you ensure you get the best quality locator information?

# Registering untested partner and household contacts

| SECTION 2: Contact Details *(Complete section on the day index client is screened)* **Do NOT enter known HIV+ contacts** | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Relation Type** *(circle one)* | | | **Age of Contact** *(circle one)* | | | | **Sex** *(circle one)* | | | **BF** *(circle one)* | | **Mode of Contact** *(circle one)* | | | | |
| **Index Client Contact** | Child | Spouse/Sexual Partner | Guardian/Other | 0-11mo | 1-14y | 15-24y | 25+y | Male | Female Non-Pregnant | Female Pregnant | Breastfeeding? (Y/N) | | Referral Slip (RS)/ Love Letter | Active Method | Other (specify) | **If RS, date of appointment given OR if active, phone # of contact** | **#RS/love letters given to the index client** *(total)* |
| 1 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | Oth | | |
| 2 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | Oth | | |
| 3 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | Oth | | |
| 4 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | Oth | | |
| 5 | C | S | G/O | A | B | C | D | M | FNP | FP | Y | N | RS | ACT | Oth | | |

# Registering untested partner and household contacts

**Client #1:** An index client, Jane Doe (24 yo, non-pregnant) comes in and reports the following:

- Consents to phone follow up (#: 555-2323)
- Consents to locator follow up (123 Main St. Sea Town)
- Partner, 35 yo, is HIV+ and enrolled in HIV services
- Has two children. Two males (5 yo & 10 yo) both untested
- Mother lives in household, age 64, unknown status
- She agrees to passive follow up for all household members

# Registering untested partner and household contacts

**Client #2:** An index client, Joe Desk (43 yo, male) comes in and reports the following:

- Consents to phone follow up (#: 555-4545)
- Refuses locator follow up
- Partner (33 yo, preg) has an unknown HIV status
- Has one child, female, aged 7 untested
- Grandfather lives in household
- He wants to do a love letter for his partner and agrees to bring his children in with his partner
- He says he does not want to test his grandfather

# Registering untested partner and household contacts

**Client #3:** An index client, Bob Bottle (18 yo, male) comes in and reports the following:

- Accepts phone follow up (#: 555-8345)
- Accepts locator follow up (456 State St. Sea Town)
- Lives alone
- Has two sexual partners – both female, non pregnant (aged 17 and 18). Does know their HIV status, but thinks they may have been tested at some point
- Has an infant with partner (18yo) that is untested
- Agrees to assisted contact follow up for all

# ICF STEP BY STEP

## step 3: screening for intimate partner violence

# Flowchart

**HCW/HTS Provider** registers client for ICF activities *(**Index Case Testing Register** – Section 1 and 2 & **Locator Form**, if consent)*

↓

**HCW/HTS Provider** screens index client for intimate partner violence (IPV), and refer if any indication of violence *(**Intimate Partner Violence Screening Tool** & if violence reported, **Referral Directory for Linkage to Social Services**)*

↓

Index client decides on form of contact follow up (passive or assisted)

# IPV in Namibia

- IPV is common in Namibia
- Should be integrated into the standard of care and all patients should be screened
- Emphasize confidentiality of their responses
- Remind them that the health facility is a safe place talk about it and to receive help.
- Treat the index client with respect and empathy. Do not judge the client.
- Know that IPV can happen in any relationship, regardless of the gender.

**DISCUSSION:**

- What challenges do you expect to face when doing IPV?
- Discuss what kind of “first-line support” you could give to a client who is experiencing IPV.

# IPV Screening Tool

*Unfortunately, violence affects many families. Violence in the home and/or with sexual partners may result in physical and emotional problems for you and your family members. Some people are too afraid or uncomfortable to bring it up themselves, so health providers have been trained to routinely ask all patients the following questions about their sexual partners and/or other household members. We are offering services to anyone who may be concerned about violence in the home.*

1. Has your sexual partner(s) or other household members ever hit, kicked, slapped, or otherwise physically harmed you?

**ACTIVITY:** Practice with a partner doing the IPV screening tool. Practice first-line support and referring him/her to local social support services.

sexually that made you feel uncomfortable?

☐ Yes ☐ No

4. Has your sexual partner(s) or other household members ever threatened you in other ways such as divorce (if partner), desertion, lack of support, taking away access to your children, or other threats?

☐ Yes ☐ No

# ICF STEP BY STEP

## step 4: passive and assisted methods

# Flowchart

Index client decides on form of contact follow up (passive or assisted)

**Passive Contact Follow Up**

Client receives referral slip/love letter for each untested contact (HH member/partner) *(Family Referral Slip)*

**Assisted Contact Follow Up**

**HCW** calls index client contacts using phone number(s) provided by index

Contact does not present for HTS

**HCW** traces index client &/or gives reminder on subsequent visit

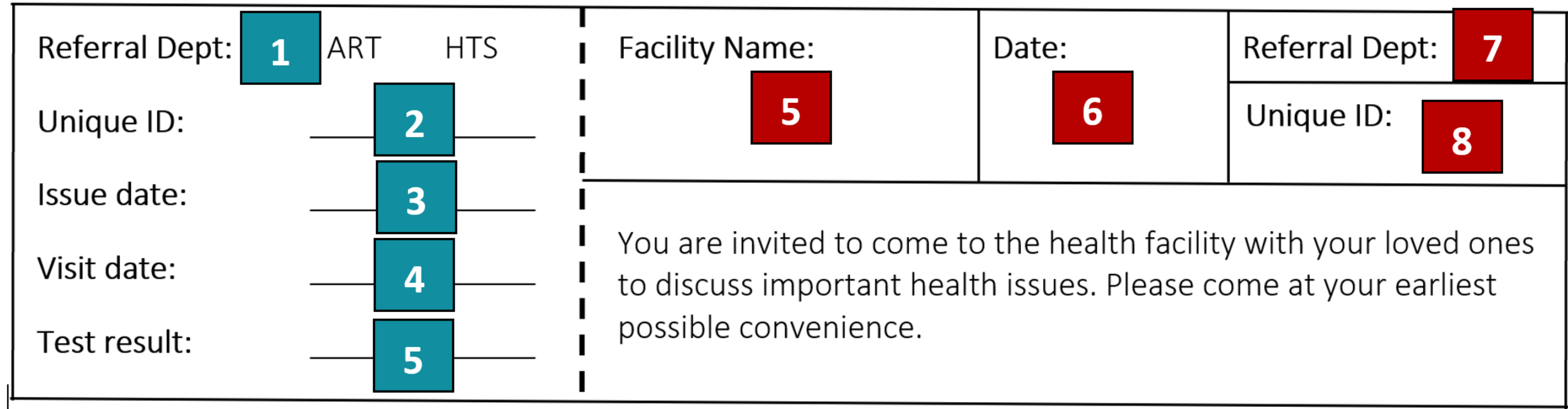
Contact presents for HTS

**HDA/HCW** updates register, conducts ICF screening for untested contacts, and refers HIV+ contacts treatment & care services *(Index Case Testing Register – Section 3; Family Testing Screening Form)*

# Methods of Contact Follow Up

| PASSIVE | Assisted |
|---|---|
| • Uses referral slip or love letter<br>• Index client gives invitation directly to his/her contact(s)<br>• Counsel on how to disclose to contacts and practice disclosure methods<br>• HCW will trace client if does not return to clinic within 2 weeks<br>• Starts with phone tracing, then home visits | • HCW calls contact via phone to recruit him/her for HTS – does NOT mention index client<br>• Method for those who are hesitant to disclose and/or fear violence or other negative consequences |

# Passive Follow Up Referral Slip




**ACTIVITY:**

Complete a passive referral slip for the mother of client #1.

# Passive Follow Up Love Letter

## INVITATION

Dear ___________________________________:

At [insert health facility name], we are dedicated to providing comprehensive health services to all members of our community. We ask you to accompany your partner, __[insert index client name]__ to the health facility so we can provide you with important health-related information.

We look forward to seeing you then.

Date: _____________________________ Time: __________________________

Room: ____________________________ ID: ____________________________

You may come on another day (insert health facility days)/time (insert health facility time).

**Bring this card and you will be attended to right away.**

# Discussing Disclosure

Discuss the following with the client:

- The client's preference in disclosure (self vs. provider)
- Some potential benefits (and risks) with clients of disclosing on their own
- When and where client will disclose
- What words the client may use
- How the contact(s) of the client may react

After discussing all of the above, have the client PRACTICE disclosing

# Practicing Disclosure Discussion

**ACTIVITY:**

Observe the following situations. Be prepared to give feedback on the following:

- Did the counselor do all BIT steps?
- What were some good techniques the counselor used?
- What were some areas where the counselor could improve?

# Behavioral Intervention Training (BIT)

**WHAT IS IT?**

A counselling strategy used when a person feels frightened or anxious about a certain situation

**WHY SHOULD WE USE IT?**

Discussing disclosure can often be a worrying experience for clients. It is important to show them support and help them through any barriers to disclosure.

**HOW DOES IT HELP?**

Can help client think through the situation. By offering support, helping the client consider pros/cons and respecting the client's decision you can help prepare the client for disclosure.

# Behavioral Intervention Training (BIT)

- **Elicit motivations and fears:** why client may or may not disclose or invite contacts
- **Discuss barriers and ways to mitigate them:** what does the client foresee as a barrier and work together to come up with a solution
- **Build on communication skills of client:** support in the household
- **Make/discuss an action plan:** discuss how and when they will invite contacts

# Practicing BIT

**ACTIVITY:**

Observe the following situations. Be prepared to give feedback on the following:

- Did the counselor do all steps outlined in the job aid?
- Was the safety of the household taken into consideration?
- What were some good techniques the counselor used?
- What were some areas where the counselor could improve?

# Passive or Assisted Follow Up

**DISCUSSION:**

You are counselling HIV-positive woman who is afraid of inviting her husband because she is afraid of his short temper and he may leave her.

- Which method of follow up would you recommend?
- What other factors may your recommendation depend?

# Passive Follow Up

**ACTIVITY:**

With a partner, practice the script for passive follow up. You are counselling a HIV-positive woman with two children below age 3 who are not tested. She is afraid she will feel guilty if one of them is found HIV positive.

In addition to addressing her specific needs, ensure you cover the following key points:

1. Introducing the counselling session
2. Presenting the Referral Slip / Love Letter
3. Supporting Disclosure to Partner/Household member
4. Explain Tracing Procedure
5. Ending the Visit

# Assisted Follow Up

**ACTIVITY:**
With a partner, practice the script for assisted follow up. You are counselling an HIV-positive young man with a girlfriend that is staying with her parents in the same compound and is worried everyone in the compound will find out if he invite her to the clinic

In addition to addressing her specific needs, ensure you cover the following key points:

1. Introducing the counselling session
2. Discussing the Process of assisted Contact Follow Up
3. Consenting for assisted Contact Follow-Up
4. Ending the Visit

# ICF STEP BY STEP

## step 5: index client and contact follow up

# Flowchart

Index client decides on form of contact follow up (passive or assisted)

**Passive Contact Follow Up**

Client receives referral slip/love letter for each untested contact (HH member/partner) *(Family Referral Slip)*

- Contact does not present for HTS
  - **HCW** traces index client &/or gives reminder on subsequent visit
- Contact presents for HTS

**Assisted Contact Follow Up**

**HCW** calls index client contacts using phone number(s) provided by index

- Contact presents for HTS

Contact presents for HTS → **HDA/HCW** updates register, conducts ICF screening for untested contacts, and refers HIV+ contacts treatment & care services *(Index Case Testing Register – Section 3; Family Testing Screening Form)*

# Following Up Index Clients (passive method)

If the index client has consented to follow up (i.e. passive contact follow up),

- begin by trying to reach the index client by phone.
- Proceed to home visit if the index client does not have a phone or cannot be contacted via phone. When conducting home visits, adhere to the *Home Visit Procedure*.

**DISCUSS:**

- What should be said when following up via phone with an index client?
- What challenges have you faced when doing home visits before? How can these be avoided?

# Following Up Untested Contacts (assisted method)

1. Review the ICF register weekly and make a list of all calls needed to be made. Separate calls by gender. (calls should be made to contacts of the same gender)
2. Plan a time and private space that multiple follow up calls can be made.
3. Prepare for the phone call(s) by:
   1. Confirming the index client requested assisted follow up for the contact
   2. Double checking the phone number is complete
   3. Ensuring phone signal is sufficient
   4. There is enough talk time/airtime on the phone to complete the needed calls
4. Call the contact's phone number listed.
5. Ask to speak with the contact. If s/he is not available, ask when a better time to call would be. To maintain confidentiality, do NOT disclose your affiliation with the health facility.
6. If the contact is available, use the script to ask them to come to the HF for HTS.
7. Once the call is completed, make indicate the length of the call, the outcome of the call and the on the call log (see sample below).

# Following Up Untested Contacts (assisted method)

| Index client HTS/ART # | Relation of Contact *(tick one)* | Date of call *(dd/mm/yy)* | Length of call *(min:sec)* | Outcome of call *(tick one)* | Initials of Caller | Comments/ Remarks |
|---|---|---|---|---|---|---|
| | ☐partner<br>☐child<br>☐ other | | | ☐HTS accepted, date: ____________________<br>☐Refused HTS, reason: ____________________<br>☐ Not available, time/date of next call: ____________________<br>☐ No one answered | | |

**ACTIVITY:** Complete the call log for the following clients you called today:

- Client 1: index ART #123; contacts partner, call time 3:55, accepted HTS & agreed to come in 1 month
- Client 2: index HTC #: 345; contacts partner, no one answered
- Client 3: index ART# 938; contacts sister, someone else answered
- Client 4: index ART# 772; contacts partner, refuses HTS bc knows HIV status already

# Completing the ICF Register

1. Attend to contacts who come in for HTS immediately.

**DISCUSS:**

- How can you ensure contacts are seen immediately for HTS?
- Do you foresee any challenges in implementing thing? If yes, how can they be overcome?

may be in a different department's ICF register.

4. Complete Part 3 of the *Index Case Finding Register* with the contact's testing details.
5. After completing HTS, begin the screening process anew to determine if this new index case has additional untested contacts.

# Completing the ICF Register

| SECTION 3: Contact HTC *(Complete this section when contacts return for testing)* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Test Result** *(circle one)* | | | | | **Testing Location** *(circle one)* | | **Linkage to ART** | | | |
| **Date of test** *(dd/mm/yy)* | New Negative | New Positive | New Inconclusive | New Exposed Infant (<12m) | Not Done | Home | Health Facility | ART Number | **Initials** *(person completing the register)* | **Comments** |
| | N- | N+ | Nin | NE | ND | H | HF | | | |
| | N- | N+ | Nin | NE | ND | H | HF | | | |
| | N- | N+ | Nin | NE | ND | H | HF | | | |
| | N- | N+ | Nin | NE | ND | H | HF | | | |
| | N- | N+ | Nin | NE | ND | H | HF | | | |

# Completing the ICF Register

**ACTIVITY:** Complete Section 3 of the ICF Register using the following information.

- **Client 1:** Woman brings in children one week after registration. Both children are HIV-. Mother refuses HTS.
- **Client 2:** Partner comes in for testing 1 month after registration and brings child. Partner is HIV+ and enrolls in HIV care (ART #: 123). Child is negative. Cannot follow up grandfather.
- **Client 3:** Sexual partner (age 17) never attends HTS. Sexual partner (age 18) comes in for HTS and tests positive. She brings her infant who gets a rapid HIV test and is HIV+. Both enroll in HIV care (ART #s: 334 and 335)

# ICF STEP BY STEP

## step 6: ICF reporting

# Importance of M&E and Reporting

**DISCUSSION:**
- Why do you think it is important to do M&E?
- How can doing M&E help improve ICF activities?

- Helps identify shortcomings in implementation
- Helps guide best practices
- Allows for data checking
- Assessing goal progression

# Completing the Monthly Report

| Site: | District: |
|---|---|
| Reporting Month: | |
| Month of Data Source: | |

**Part I: Screening and referrals for index case finding**

| | | Data Source | Site Result | M&E Check |
|---|---|---|---|---|
| A1 | Total # of Index Clients Screened | Index Case Register (A1) | | |
| A2 | Total # of untested contacts | Index Case Register (A2+A3+A4) | | |
| A3 | Total # of untested children | Index Case Register (A2) | | |
| A4 | Total # of untested Spouses/ Sexual Partners | Index Case Register (A3) | | |
| A5 | Total # of untested Guardians or Other | Index Case Register (A4) | | |
| A6 | Total # of untested aged 0-11mo | Index Case Register (A5) | | |
| A7 | Total # of untested aged 1-14y | Index Case Register (A6) | | |
| A8 | Total # untested aged 15-24y | Index Case Register (A7) | | |
| A9 | Total # untested aged 25+y | Index Case Register (A8) | | |
| A10 | Total # requesting assisted contact follow up | Index Case Register (A9) | | |
| A10 | # of referral slips/love letters given to clients for index case testing | Index Case Register (A10) | | |

# Completing the Monthly Report

## Part II: Sexual partner and household member testing results

| | | | Data Source | Data Check | Site Result |
|---|---|---|---|---|---|
| B1 | Total # of contacts referred | | Index Case Register (B2+B3+B4+B5+B6) | | |
| B2 | Test Result | New Negative | Index Case Register (B2) | | |
| B3 | | New positive | Index Case Register (B3) | | |
| B4 | | New inconclusive | Index Case Register (B4) | | |
| B5 | | New Exposed Inf | Index Case Register (B5) | | |
| B6 | | Not done | Index Case Register (B6) | | |
| B7 | Total number of contacts tested | | Index Case Register (B2+B3+B4+B5) | | |

# Completing the Monthly Report

| Test Result | Relationship Types | | | |
|---|---|---|---|---|
| | Spouse/Sexual Partner | | Children | |
| | Male | Female | Male | Female |
| Total New positive | | | | |
| Total New negative | | | | |
| Total New inconclusive | | | | |
| New exposed infant | | | | |

| Report Completed by: |
|---|
| Name: |
| Signature |
| Name: |
| Signature |
| Date: |

**ACTIVITY:**

Complete the monthly report using data from the ICF register.

# SUMMARY

# Potential Challenges & Solutions

**DISCUSSION:**

- What challenges do you think you'll face in implementing ICF activities?
- Brainstorm ideas to overcome these challenges.
- Discuss facility-level goals for ICF and how they can be accomplished.

QUESTIONS?

# THANK YOU!