

Index testing and risk network referral

Program implementation orientation and training

Day 1

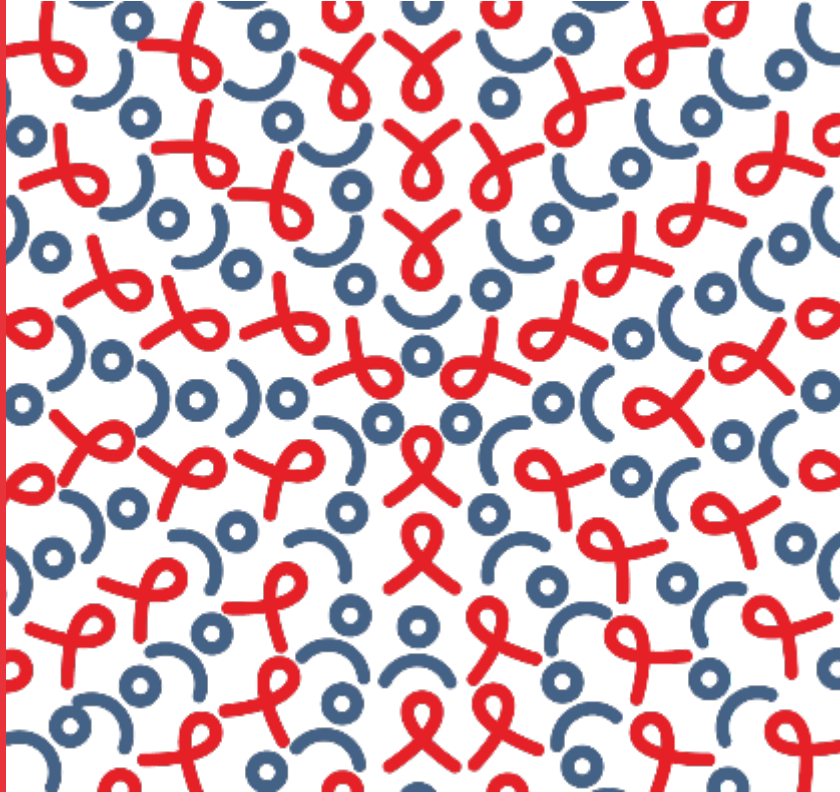
City, Country YEAR





Overview of sessions

Day 1		Day 2		Day 3	
1	Introduction	8	Client panel	12	Messaging
2	Setting the stage	9	Building a localized index testing and RNR approach	13	Practice makes perfect
3	Index testing in [COUNTRY]	10	Motivational counseling	14	Quality assurance, adverse event monitoring and reporting, and index testing MER
4	Steps for index testing	11	Asking about and responding to intimate partner violence	15	Action planning
5	Core principles and minimum standards				
6	Tools and flow for index testing				
7	Risk network referral (RNR)				



Session 1. Introduction

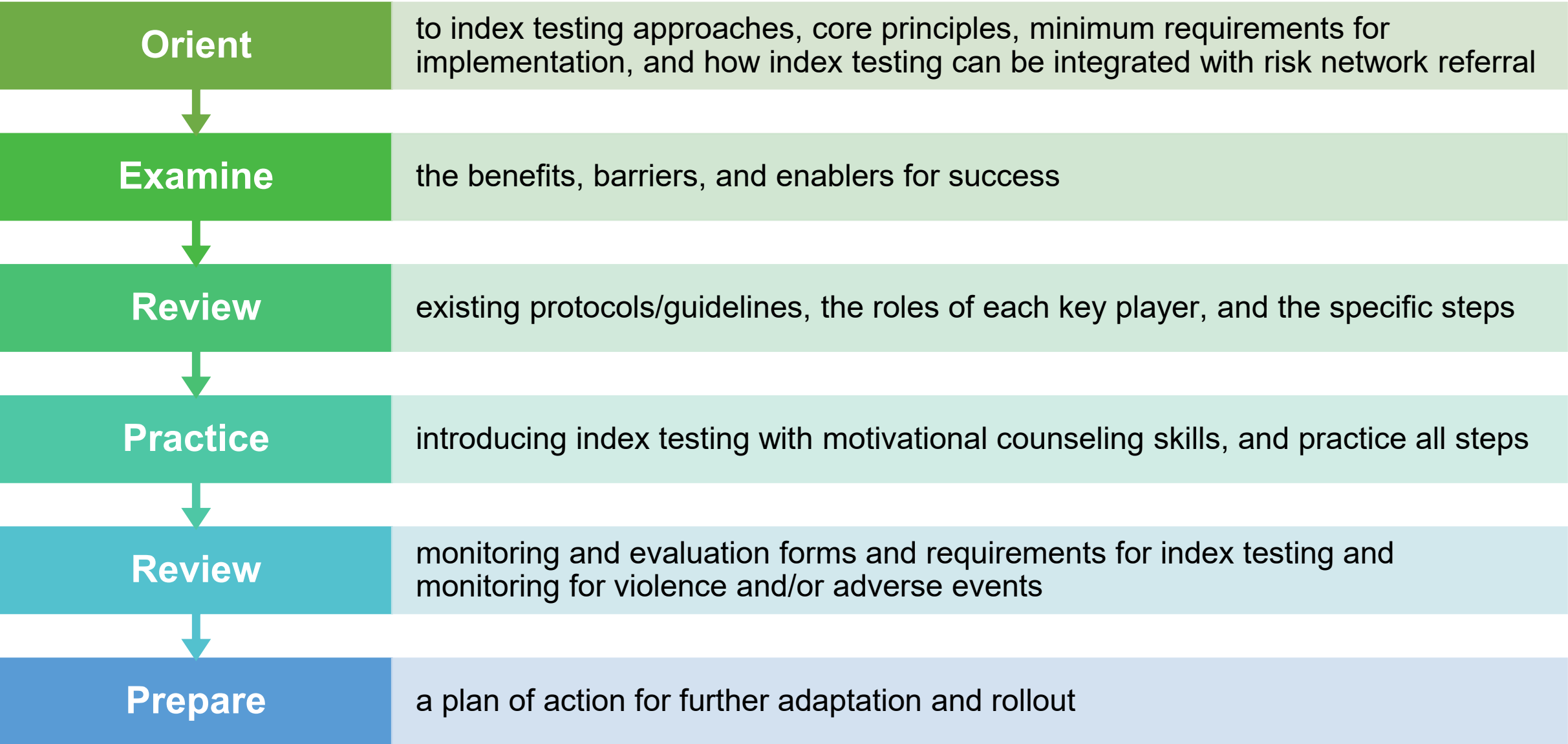


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Welcome and introductions



Objectives

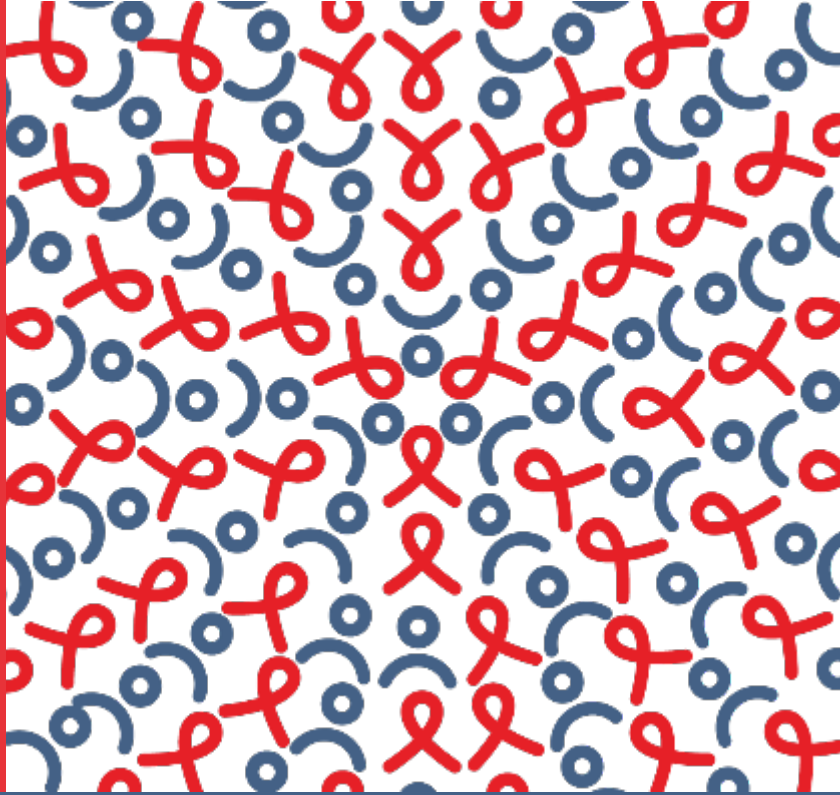




Agenda and agreements







Session 2. Setting the stage: History and evolution of index testing, terminology, and evidence



Disclaimer

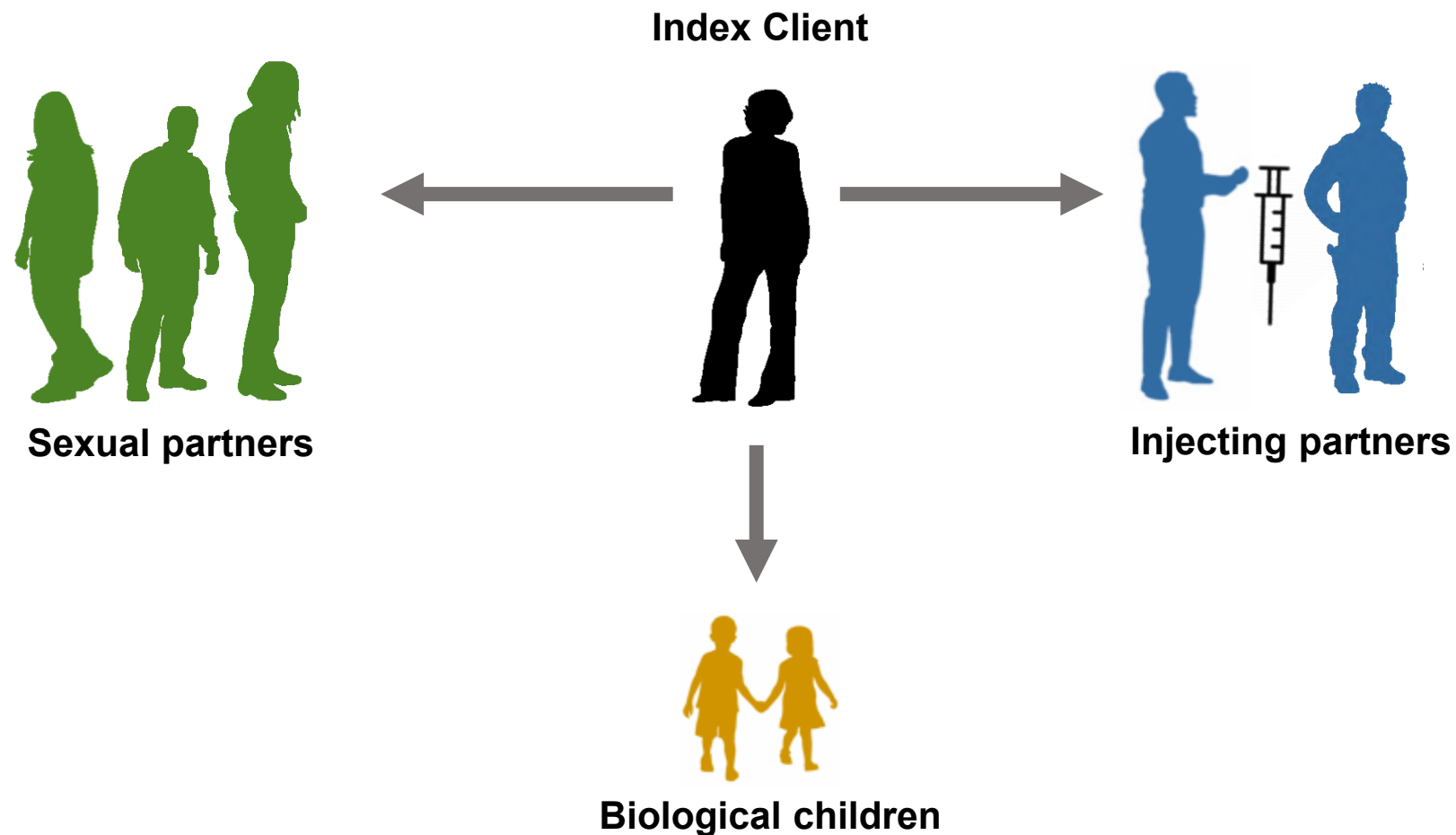




INSERT ONE OR TWO SLIDES / GRAPHICS HERE to rationalize the need for index testing based on the country's epidemiological context/data

- Graphics might include
 - National data on gaps in testing, ART coverage, and/or viral load suppression (i.e., 95-95-95)
 - Strategies or priorities related to testing and linkage to treatment

Index testing is a case-finding approach that focuses on eliciting the sexual or needle-sharing partners and biological children of HIV-positive individuals and offering them HIV testing services. Index testing is a completely voluntary service offered to people living with HIV, and they are free to accept or decline.





Index testing is sometimes referred to as:



- partner notification
- contact tracing
- partner referral
- other?



Steps for index testing

- 1) Introduce the concept of index testing during pre-test session or PMTCT/ART visit.
- 2) Offer index testing as a voluntary service to all clients who test HIV positive and are virally unsuppressed.
- 3) If client accepts participation, obtain consent to inquire about their partner(s) and biological child(ren).
- 4) Obtain a list of sex and needle-sharing partners and biological children <19 with unknown HIV status.
- 5) Conduct an intimate partner violence (IPV) risk assessment for each named partner.
- 6) If client consents, determine the client's preferred method of partner notification or child testing for each named partner/child.
- 7) Using preferred approach, contact all named partners and biological children <19 with unknown status.
- 8) Record outcomes of partner notification and family testing.
- 9) Provide appropriate services for children and partner(s) based on HIV status.
- 10) Follow up with client to assess for any adverse events associated with index testing.



NOT a new concept

- Used for decades for sexually transmitted infections and tuberculosis
- Employed for HIV primarily with general populations, but recently with key populations
- Already part of post-test and ART counseling in many countries

Several trials have demonstrated that index testing can increase uptake of HIV testing and identify partners with undiagnosed infection with no reports of serious intimate partner violence.

Assisted partner services for HIV in Kenya: a cluster randomised controlled trial



Peter Cherutich, Matthew R Golden, Beatrice Wamuti, Barbra A Richardson, Kristjana H Ásbjörnsdóttir, Felix A Otieno, Ann Ng'ang'a, Peter Maingi Mutiti, Paul Mocharia, Betsy Sambai, Matt Dunbar, David Bukusi, Carey Farquhar, for the aPS Study Group



Scale-Up and Case-Finding Effectiveness of an HIV Partner Services Program in Cameroon: An Innovative HIV Prevention Intervention for Developing Countries

Catherine Henley, MPH^{*}, Gideon Forgwei, BA[†], Thomas Welty, MD[‡], Matthew Golden, MD[§], Adaora Adimora, MD, MPH[¶], Raymond Shields, MD^{||}, and Pius Tih Muffih, PhD[†]



HIV partner notification is effective and feasible in sub-Saharan Africa: Opportunities for HIV treatment and prevention

[Lillian B Brown](#),^{1,2} [William C Miller](#),¹ [Gift Kamanga](#),² [Naomi Nyirenda](#),² [Pearson Mmodzi](#),² [Audrey Pettifor](#),¹ [Rosalie C Dominik](#),¹ [Jay S Kaufman](#),^{1,3} [Clement Mapanje](#),² [Francis Martinson](#),² [Myron S Cohen](#),¹ and [Irving F Hoffman](#)¹

Addressing the First 90: A Highly Effective Partner Notification Approach Reaches Previously Undiagnosed Sexual Partners in Tanzania

Catherine Kahabuka¹ · Marya Plotkin^{1,7} · Alice Christensen¹ · Charlene Brown² · Mustafa Njozi¹ · Renatus Kisendi³ · Werner Maokola³ · Erick Mlanga⁴ · Ruth Lemwayi¹ · Kelly Curran^{5,6} · Vincent Wong²



Improving HIV test uptake and case finding with assisted partner notification services

Shona Dalal^a, Cheryl Johnson^a, Virginia Fonner^b, Caitlin E. Kennedy^c, Nandi Siegfried^d, Carmen Figueroa^a and Rachel Baggaley^a

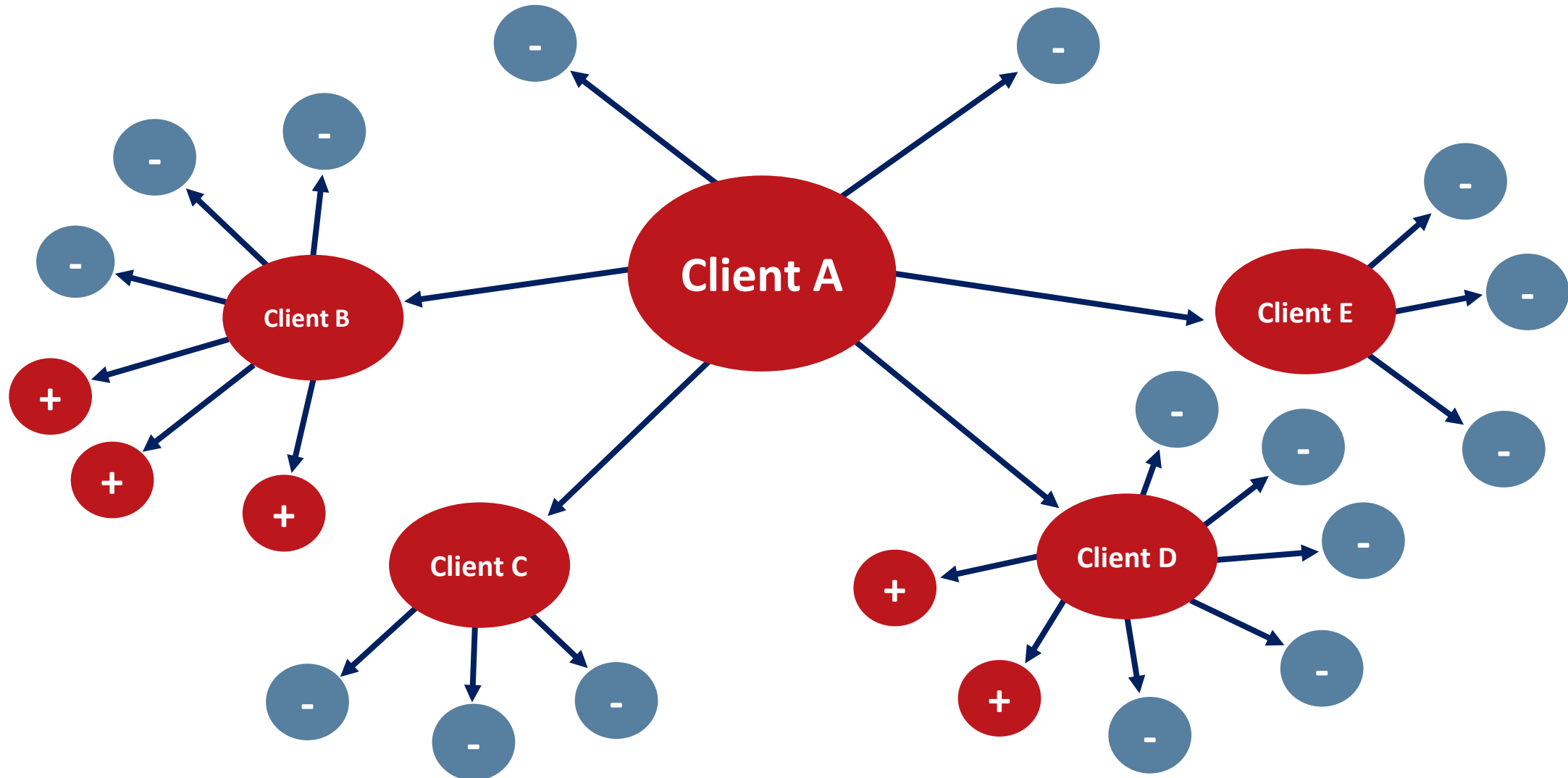


Recruiting male partners for couple HIV testing and counselling in Malawi's option B+ programme: an unblinded randomised controlled trial

Nora E Rosenberg, Tiwonge K Mtande, Friday Saidi, Christopher Stanley, Edward Jere, Lusubiro Paile, Kondwani Kumwenda, Innocent Mofolo, Wingston Ng'ambi, William C Miller, Irving Hoffman, and Mina Hosseinipour



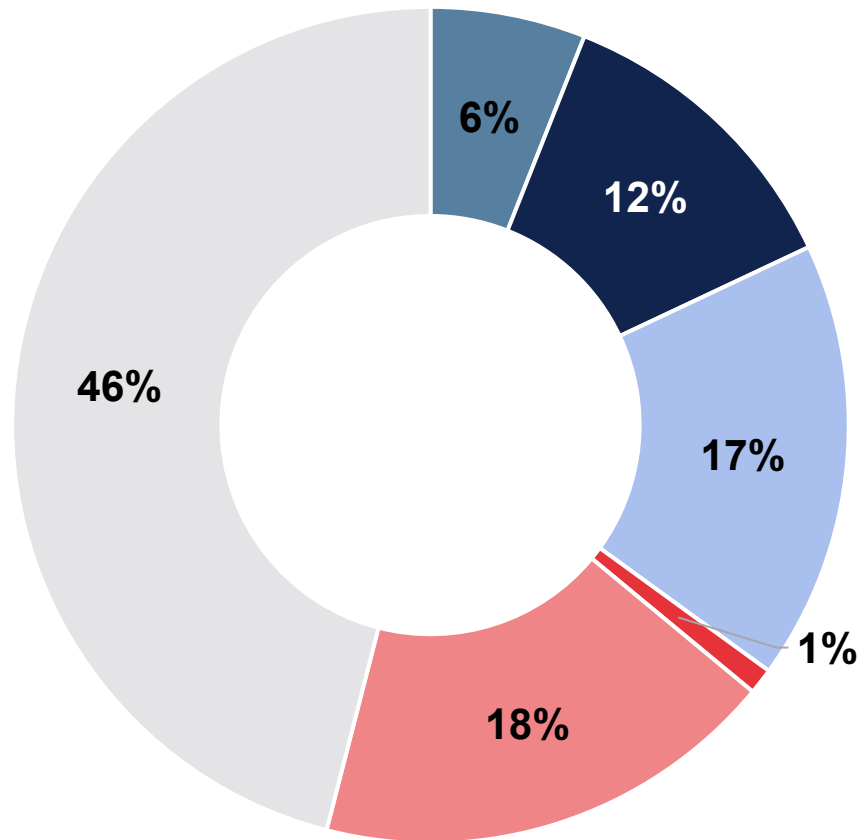
Index testing led to identification of multiple new cases in Vietnam



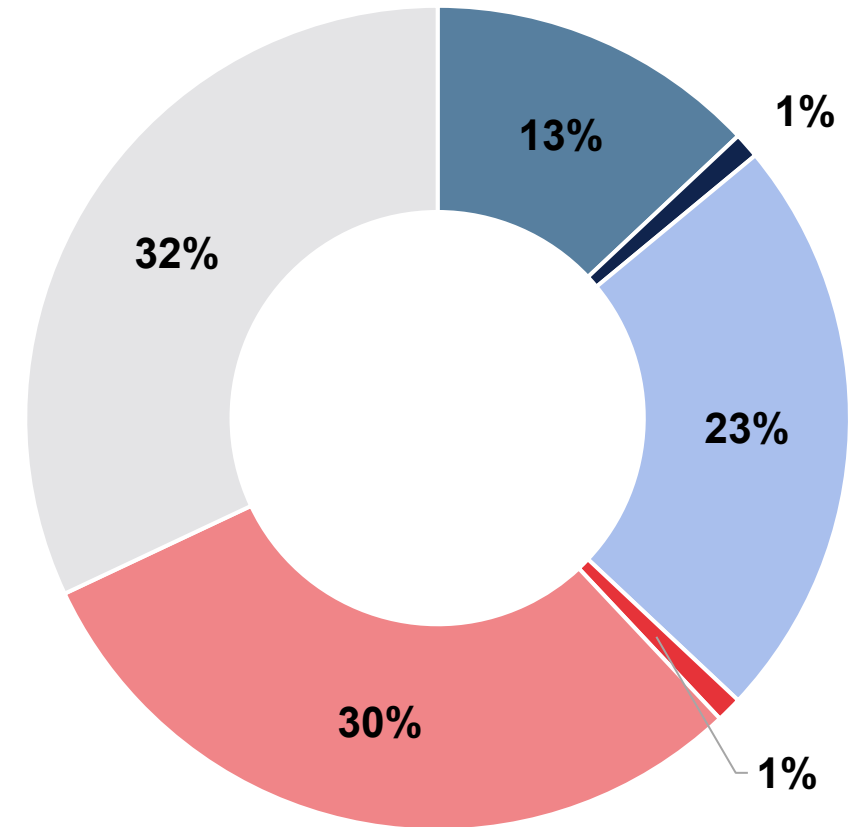
One index case linked to 9 PLHIV in the network: (10 HIV+/26 tested = 38% case detection rate)

High proportion of new HIV infections are among key populations and their partners

GLOBAL = 54%



LOCAL COUNTRY = 68%



- Sex workers
- Transgender people

- People who inject drugs
- Sex partners of Key populations

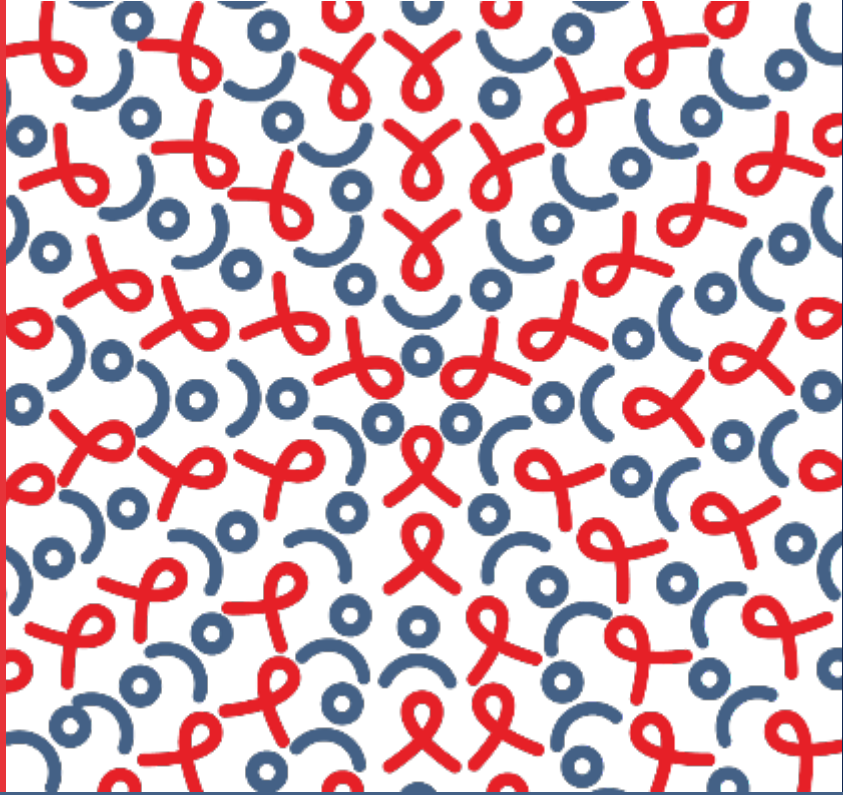
- Men who have sex with men
- Other - unreported risk



Summary of evidence on index testing

- Effective at increasing HIV testing and early diagnosis
- PLHIV-led referral usually preferred, especially with steady partners
- Importance of options
- Must be voluntary and protect client safety



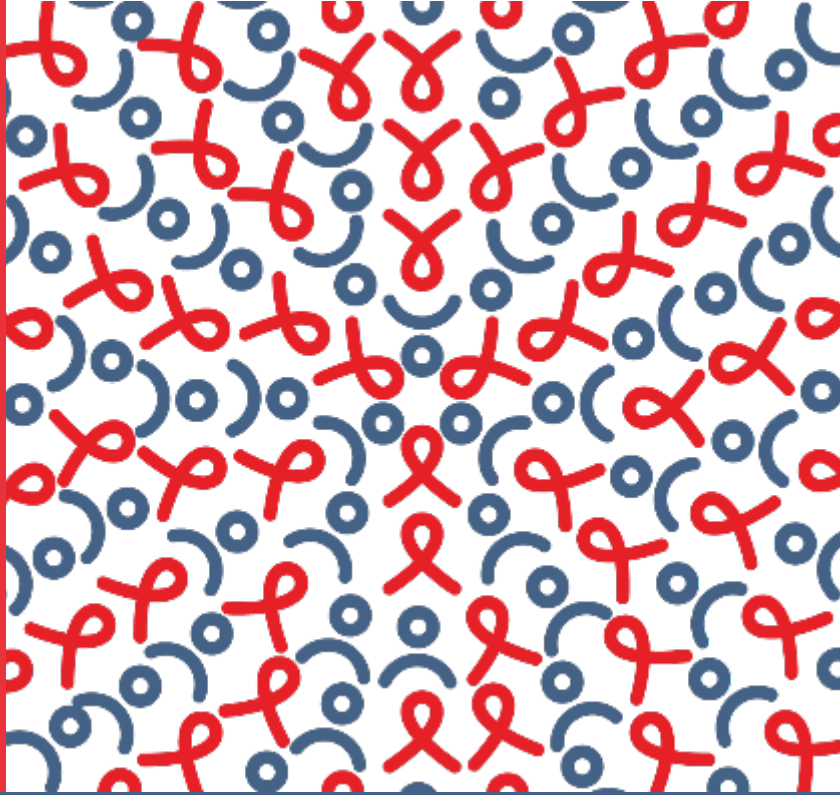


OPTIONAL

Session 3. Index testing in [COUNTRY]—
Local perspectives

OPTIONAL: Country representative slides (1-2)

- Insert slides providing an overview of the current policy for index testing in [COUNTRY] and the role of community-based organizations (as relevant)
- NOTE: Slides should not depict the specific steps of index testing, because these will be covered in the next session



Session 4. Steps for index testing



1. Introduce client to index testing



2. Offer index testing as a voluntary service to all clients who test HIV positive and are virally unsuppressed



3. If client accepts, obtain consent to inquire about partners and exposed children

- During pre-testing counseling or ART visit



Index client

Individual newly or previously diagnosed HIV positive, ideally enrolled in HIV treatment services



Provider

You have many options for referral...

... we want to be sure you are not at risk...

....the choice is always yours at all times.



4. Obtain a list of sex and needle-sharing partners and biological children



5. Conduct IPV assessment for all named partners and children



6. Determine preferred notification method for each partner and child



7. With client consent, contact partners and children



Index client

Individual newly or previously diagnosed HIV positive, ideally enrolled in HIV treatment services



Index testing:

HCW/counselor asks index client to list all:

- 1) Sexual partners within past year
- 2) Drug-injecting partners (ever)
- 3) Children <19 with unknown status



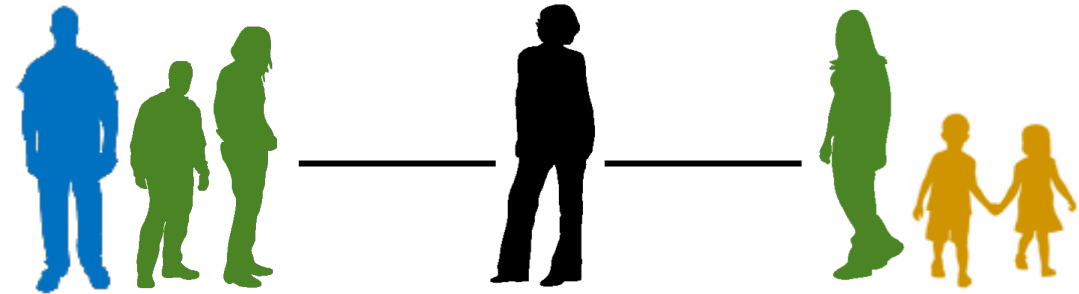
With **client consent**, screen for IPV risk for each contact, then individuals are:

- 1) Contacted based on the **preferred method**
- 2) Informed they have been exposed to HIV
- 3) Offered voluntary HTS

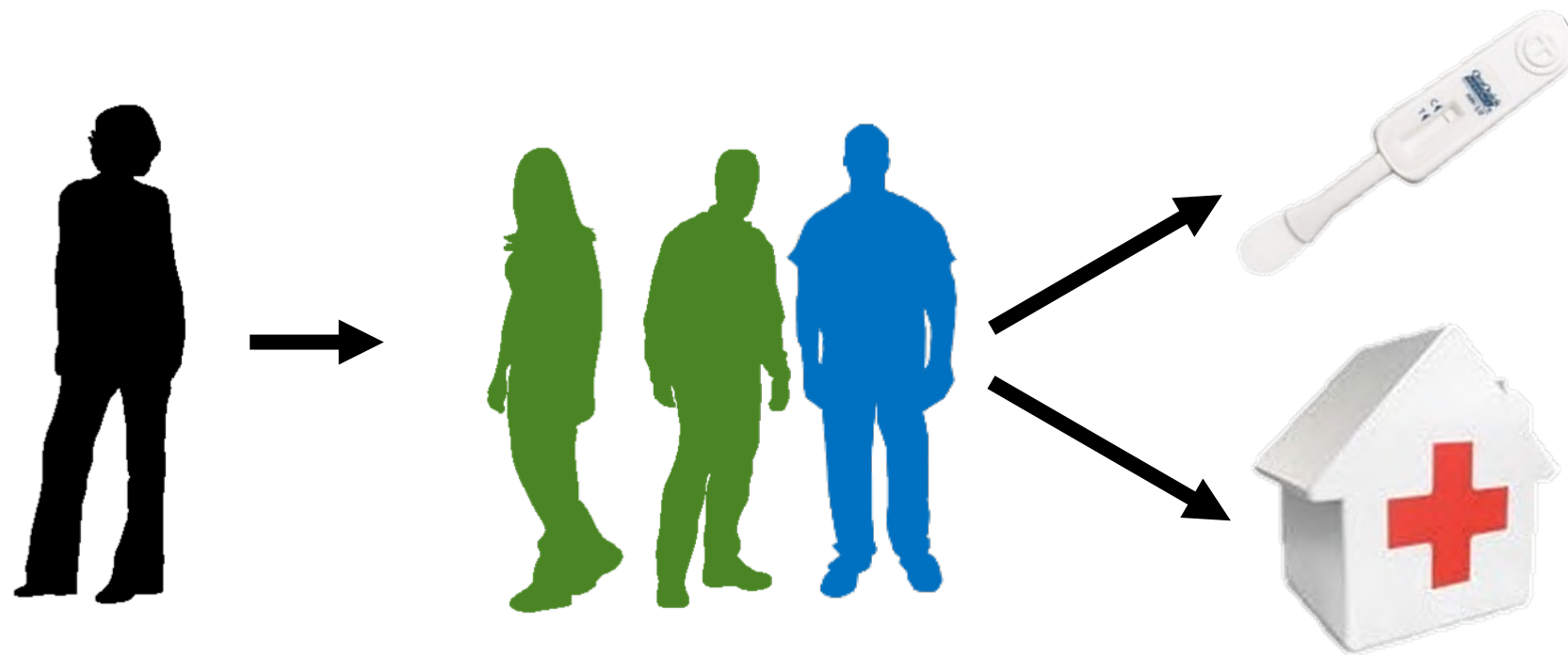


Determining a preferred method for partner referral

- Client (passive) referral
- Provider (active) referral
- Contract referral
- Dual referral

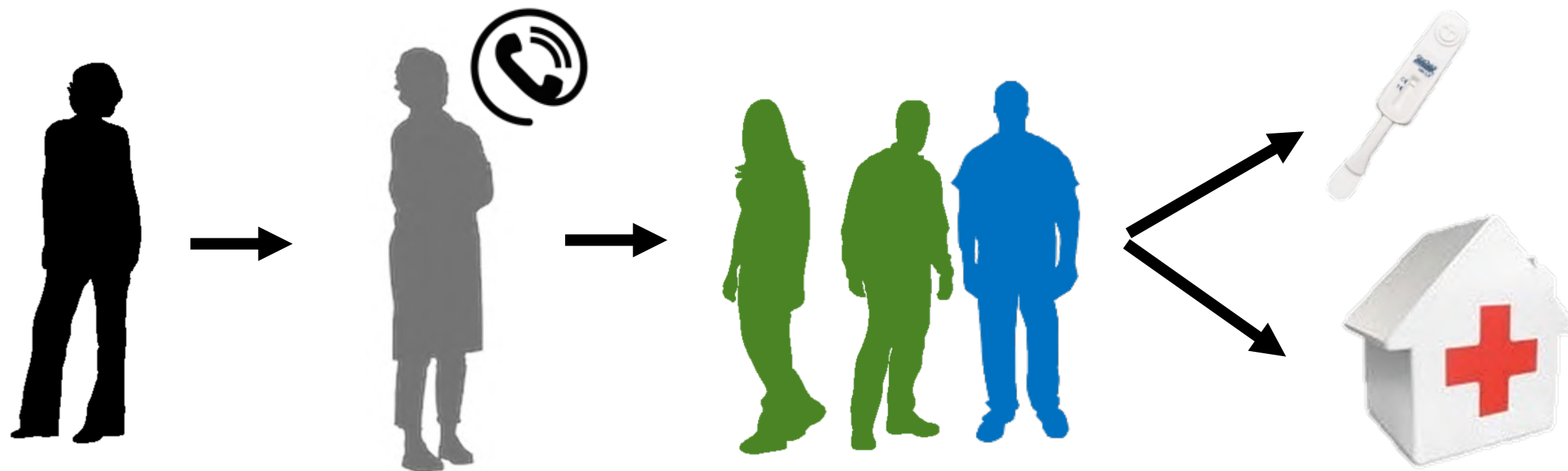


Index testing: Client (passive) referral



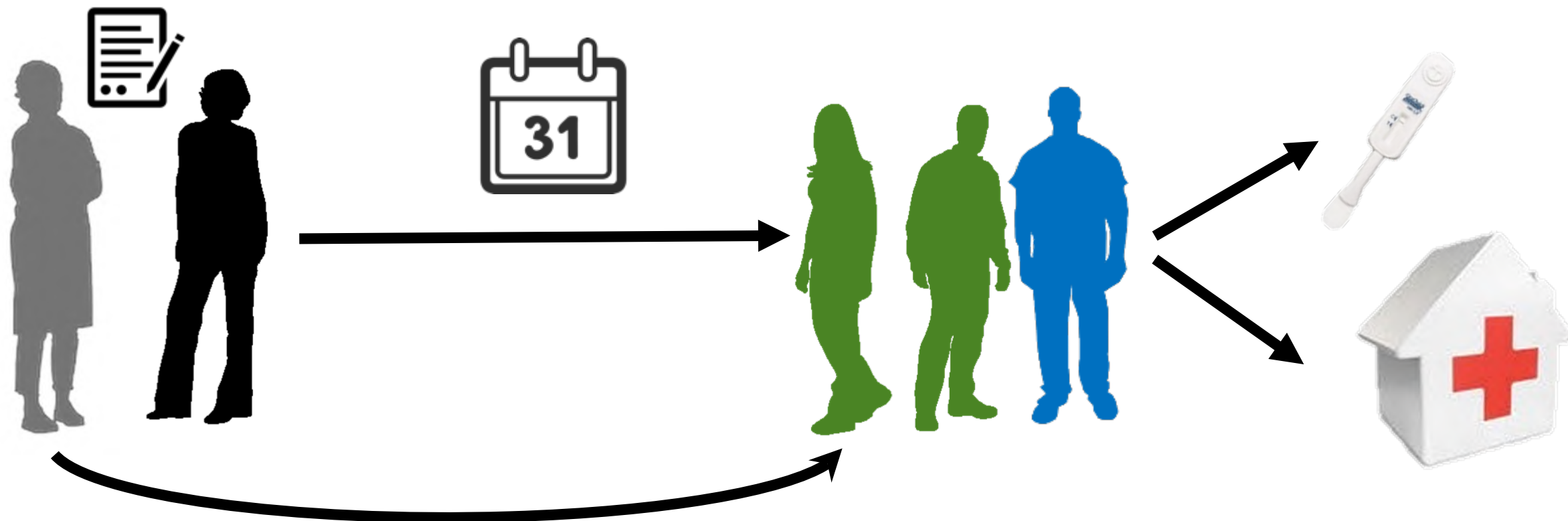
Index client directly encourages their partner(s) and biological children to come to the facility for a test or meet a counselor in the community to be screened.

Index testing: Provider (active) referral



Counselor or other health care provider calls or visits the index client's partner(s) and recommends that they test for HIV.

Index testing: Contract referral




Index client and counselor work together to refer index client's partner(s). They agree on a time (e.g., within 31 days) in which the client will tell partner(s). If client does not tell within agreed time, counselor contacts partner(s).

Index testing: Dual referral



Counselor/provider sits with index client and partner(s) to support index client in telling partner(s) about HIV status (if they choose to disclose); or provides a safe space for testing together.



8. Record outcomes of partner notification and family testing



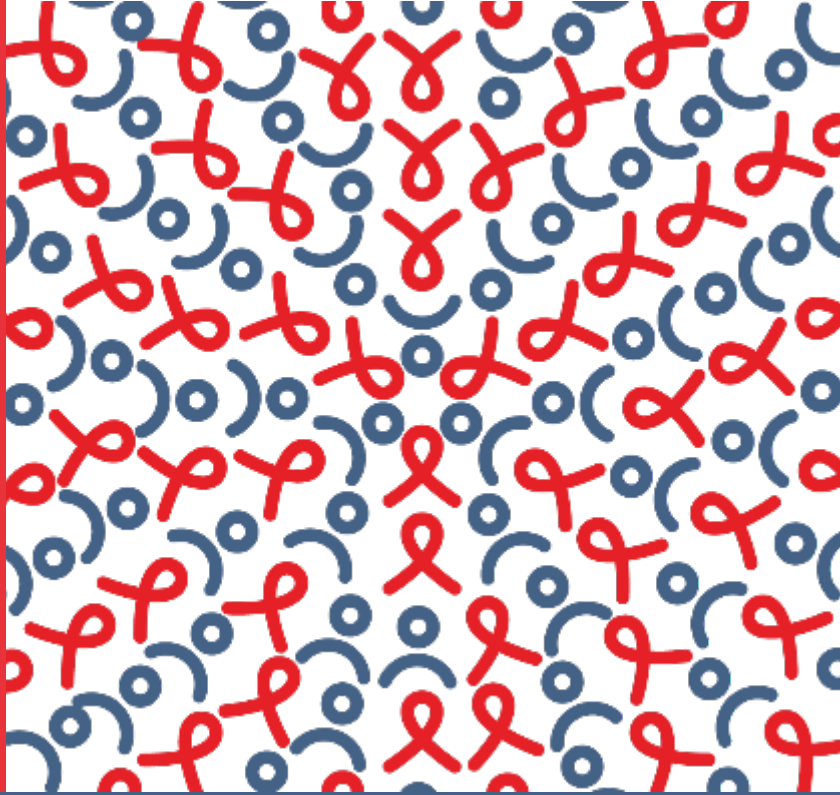
9. Provide appropriate services for children and partner(s) based on HIV status



10. Follow up with client to assess for any adverse events associated with index testing

Important considerations

- Offer index testing continuously and strategically to:
 - PLHIV who are not on treatment
 - PLHIV who are not virally suppressed or have acute infection
- Assess client safety, security, readiness, and consent
- Ensure that program has available services for clients, partners, and children



Session 5. Minimum standards for safe and ethical index testing

Ensuring a safe environment for index testing



True or False?



- 1) Key populations are generally at the same risk of violence as everyone else.
- 2) It is OK to notify an index client's sexual partner of their risk of infection without the index client's consent if you don't mention the index client's name.
- 3) Index testing can be introduced during outreach as well as pre-test counseling.
- 4) Index clients have a responsibility to refer their partners and friends.
- 5) Index clients should be informed of the HIV status of the partners they refer.



Activity: In the context of key population programming....



- Break into five groups
- Assign a facilitator to remain at each flipchart station throughout the exercise
- Discuss and record on flip chart:
 - What aspects of the topic might help achieve index testing goals, or hinder achievement?
 - What might be some barriers to success?
 - What can be done to prevent or address the barriers?
- 5 minutes per station, then groups rotate (facilitators stay)
- Can add to or disagree with previous group notes



Potential benefits?

- Increased uptake of HIV testing among partners of PLHIV
- **Increased case finding**
- Earlier diagnosis
- Improved and earlier linkage to care and treatment
- Safer disclosure and/or links to violence services for those who disclose abuse
- Reduced transmission among serodiscordant couples
- Prevention services for partners





Potential barriers and risks



There is no such thing as zero risk; all HIV testing programs involve some risk, including ...

- Violence
- Rejection
- Criminalization
- Forced disclosure
- Confidentiality breach
- Sacrificing quality for case finding





**1.
Compliance
with Minimum
Standards**

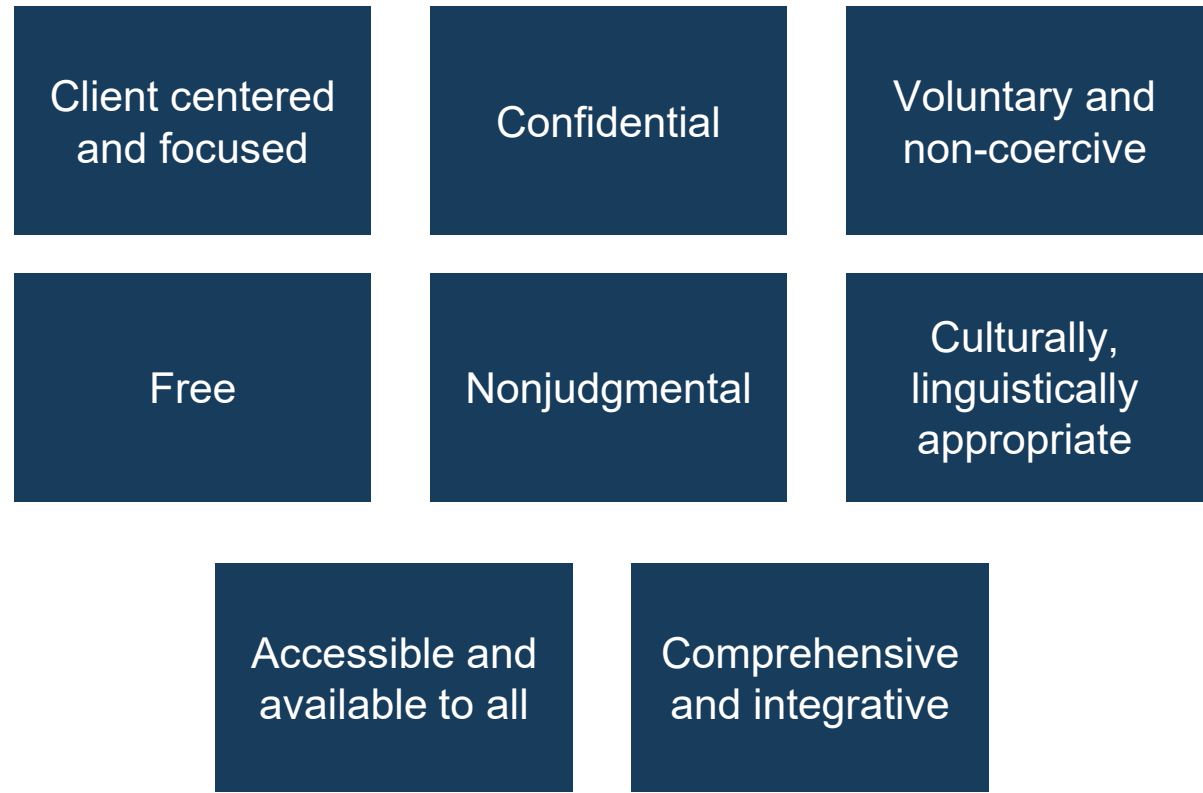
- **Adherence to 5 C's**
 - Consent, Confidentiality, Counseling, Correct test results, and Connection to prevention/treatment
- **IPV risk assessment and first-line response**
 - Including safety check and referrals to clinical/nonclinical violence response services (if not provided on site)
- **Site-level adverse events monitoring and reporting system**
- **Providers trained and supervised on index testing procedures**
 - 5 C's, IPV screening, adverse event monitoring, and ethics (respect for the rights of clients, informed consent. and 'do no harm')



The 5 C's and the Core Principles of HIV Testing

- Adhere to the 5 C's
 - Confidential
 - Consent
 - Counseling
 - Correct test results
 - Connection to services
- *And* to the Core Principles

Core principles of HIV testing





Sample Patient Bill of Rights



At this health facility, you have the right to receive medical services that are:

- ✓ **Voluntary** (You should be given information about the benefits and risks of the services and treatments offered at this clinic so you can make informed decisions. You can say no to any service or medical test that you do not want to receive.)
- ✓ **Free from Coercion** (Refusing one service or declining to participate in partner notification activities will not affect your right to receive any other health care service at this facility.)
- ✓ **Delivered in a Nondiscriminatory Manner** (You should be treated as an individual with respect and dignity. You should not be discriminated against based on your age, gender, sexual orientation, or any other personal characteristic.)
- ✓ **Safe** (You should not feel threatened, harassed, or harmed as a result of the services you received.)
- ✓ **Of High Quality** (All services should meet national standards.)
- ✓ **Confidential** (Your personal information should be kept private and secure and not shared with anyone outside of the health care team.)

You have the **right to make a complaint** if you feel that the services you received at this facility have not met these rights.

To make a complaint, please complete the **Patient Complaint Form** and place it in the secure drop box by the registration desk. You can also call the Community Advisory Board at XXX-XXX-XXX. They can make a complaint on your behalf if you do not feel comfortable doing so on your own.

Index clients should be informed of and understand...



**2.
Obtain
informed
consent**

- Purpose of index testing
- What will happen, by whom, where
- It's voluntary; they will still have access to other health services if they decline
- Different options available for notifying partners
- Potential risks and benefits; how to minimize risks
- How and to what extent privacy and confidentiality can be protected
- Where support services are available; how to contact and access those services if needed, particularly if harm is experienced



Consent among children and adolescents

- Providers of index testing must always follow their country's guidelines on age of consent as stated in the national HTS guidelines.
- When an older child or adolescent meets the national age of consent, they must receive age-appropriate pre-test counseling.
- HIV testing counselors should always communicate with children/adolescents in ways that are appropriate to their age and level of maturity.
- When a child/adolescent is not of the age to provide consent for testing, providers must obtain their parent's consent after providing appropriate pre-test information/counseling to them on the importance of knowing the HIV status of their biological child.



Small-group activity: Case study

Example 1.

Bojak is a counselor who works at a district health center. He is well respected by the MSM community. One day, one of his PLHIV clients agrees to index testing and provides a list of contacts. The client agrees to contract referral for his wife, but he does not feel comfortable notifying his male sexual partner at the moment, because he is worried that his partner may do something harmful to him. Bojak happens to know the client's sexual partner well and thinks he can prevent the partner from doing anything harmful. Bojak asks the client to let Bojak contact the partner and assures the index client that everything will be ok.



Does this approach meet the Minimum Standards and Core Principles? Why? Why not?



Plenary activity: Case study

Example 2.

Ghislaine manages an HIV/STI clinic that provides specialized services for key populations. She learns that index testing can be highly effective at increasing case finding, and she decides to create an incentive program to encourage people to offer contacts for index testing. For all key population clients who offer at least one contact for index testing, the clinic provides a transportation allowance. Clients who refuse to offer a contact do not receive the allowance.

Does this approach meet the Minimum Standards and Core Principles? Why? Why not?





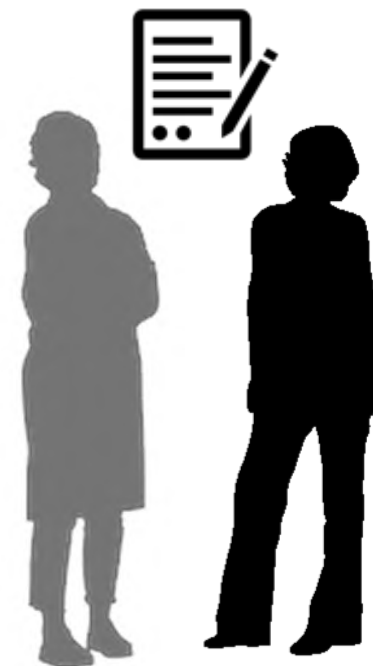
What does consent look/sound like?

Contract referral

- I plan to tell my partner about my HIV and refer him/her to this site for HIV testing within 14 days of today's date. If I am unable to do this within 14 days, I give permission for the counselor to telephone my partner, tell them that they may have been exposed to HIV, and offer them an HIV test. I understand that all services will be confidential, and my identity will not be revealed to my partner.

Provider referral

- I give consent for the counselor to telephone (or visit) my partner, tell them that they may have been exposed to HIV, and offer them an HIV test. I understand that all services will be confidential, and my identity will not be revealed to my partner.





What do we mean by voluntary and noncoercive?

- Index testing is a completely voluntary service offered to people living with HIV to support them in getting their partner(s) and children tested for HIV.
- Index testing should be client centered and focused on the needs and safety of the index client and their partner(s) and children.
- All HIV testing clients, including index clients, should be provided with all available HIV prevention, care, and treatment services, regardless of whether they provide details about their partners or not.
- Services may NEVER be withheld under any circumstances.
- Clients may NEVER be pressured into sharing the names of their partner(s).
- Clients should be informed of their right to decline participation in index testing services throughout the process, not just during the elicitation interview.
- Clients may opt out of index testing services FOR ANY OR NO REASON. Clients do not need to provide a reason for not participating in index testing services.





Small-group activity: Case study

Example 3.

Tupac, a FSW, provides counseling and testing services at a community-based organization for sex workers. One of her counseling clients, Shakur, recently tested positive. On a follow-up visit, Shakur agrees to provide contact information for three of her regular clients. One of the clients is the boyfriend of Tupac's friend, Amaru. Concerned for her friend's health, Tupac decides to tell Amaru that she may have been exposed to HIV through her boyfriend.

Does this approach meet the Minimum Standards and Core Principles? Why? Why not?

What do we mean by confidential?

- Confidentiality = protection of personal information
- Both the confidentiality of the index client and all named partners and children should be maintained at all times.
- The name of the index client should never be shared with the partner and the partner's HIV status should never be shared with the index client (unless consent is obtained from both parties).
- Programs **MUST** have confidentiality protections in place prior to the start of index testing services (including safe storage of data).
- Full information about the potential risk for unintended disclosure of the client's identity **MUST** be discussed with the client as part of obtaining informed consent for index testing services.





Considerations for confidentiality among children and adolescents

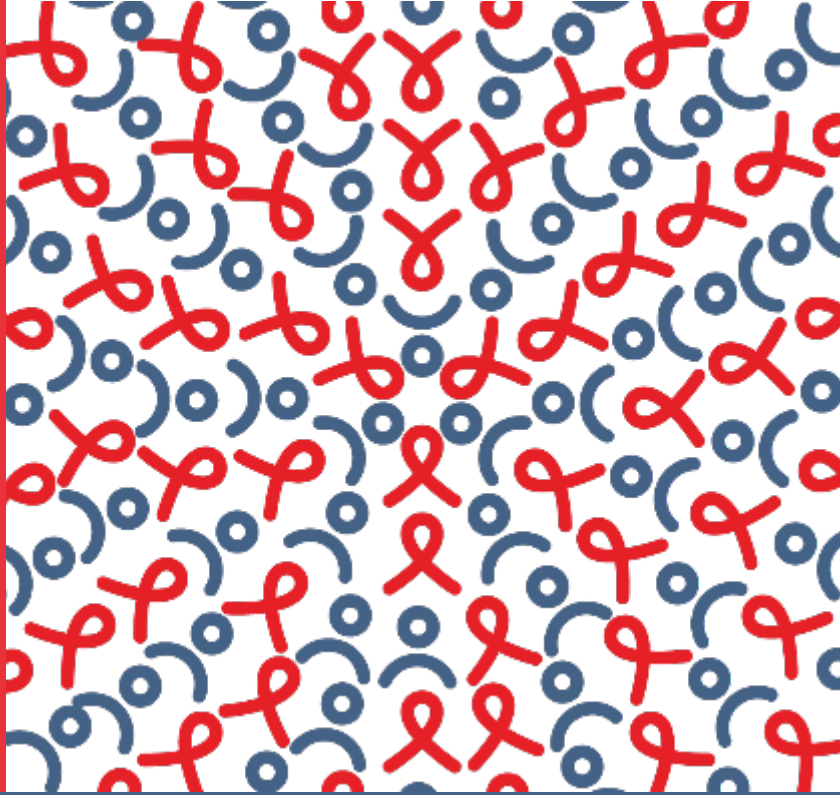
- Always respect and preserve children/adolescents' rights to confidentiality during the HIV index testing process.
- Give assurance to parents that their child's information will be kept in confidence.
- Assure any child/adolescent who meets the age of consent that all their information will be kept in confidence.
- Never share any information provided by a child/adolescent who meets the age of consent with their parents, including their HIV test results.
- Keep confidential any information that would allow others to identify the child/adolescent directly or indirectly:
 - Directly: name, date of birth, address, phone number, etc.
 - Indirectly: sex, geographic location, ethnic group, other descriptors, HIV testing history, or HIV test results



True or False?



- 1) Key populations are generally at the same risk of violence as everyone else.
- 2) It is OK to notify an index client's sexual partner of their risk of infection without the index client's consent if you don't mention the index client's name.
- 3) Index testing can be introduced during outreach as well as pre-test counseling.
- 4) Index clients have a responsibility to refer their partners and friends.
- 5) Index clients should be informed of the HIV status of the partners they refer.



Session 6. Tools and flow for index testing



Tools/resources

Implementation

- Client flow chart
- Index testing register
- Scripts/talking points for relevant steps
- Intimate partner violence (IPV) screening, SOPs, referral forms to violence-response services
- Adverse events monitoring and investigation SOPs and forms

Documentation, data, and monitoring and evaluation (M&E)

- Data sharing agreement (if necessary)
- Confidentiality statement (signed)
- Documentation forms
- Data analysis and visualization
- Monitoring and evaluation tools (Session 14)



Sample standard operating procedures (SOPs)

Implementing a Community-Based Treat and Test Model among Key Populations in XXX

LINKAGES XXX Project

Standard Operating Procedures (SOP) Version: 1.0

Issued:

Effective Date:

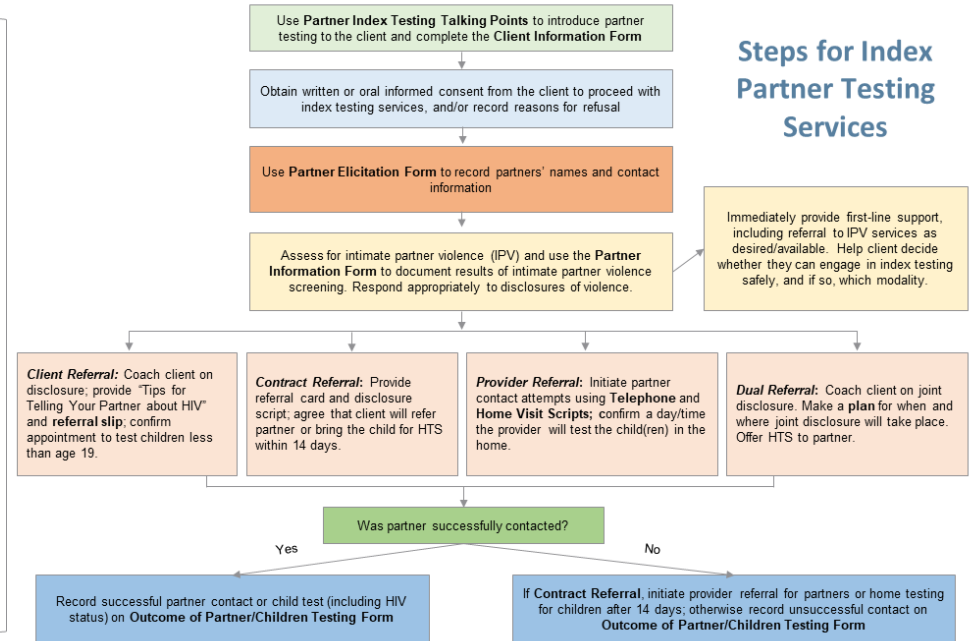
I. Purpose and Scope

This document describes standard operating procedures (SOPs) for implementing community-based index testing under a key population-led health services (KPLHS) model in XXX, as one component of an integrated program for improving HIV testing, case finding, and treatment initiation among members of key populations (KPs) under the USAID/PEPFAR-funded LINKAGES XXX program managed by FHI 360. This SOP applies to Care and Support Team members (CST) working under the employ of LINKAGES XXX community-based implementing partners. It also serves as a guide for project coordinators and/or supervisors working with CST.

Etc.

- Step 1.** Introduce the concept of index testing and risk network referral
- Step 2.** Offer index testing as a voluntary service
- Step 3.** Obtain consent to inquire about their partner(s) and biologic child(ren)
- Step 4.** Obtain a list of sex and needle-sharing partners and biological children
- Step 5.** Conduct an intimate partner violence (IPV) risk assessment for each named partner
- Step 6.** Determine the preferred method of partner notification or child testing for each named partner/child
- Step 7.** Contact all named partners and biological children
- Step 8.** Record outcomes of partner notification and family testing
- Step 9.** Provide appropriate services for children and partner(s) based on HIV status
- Step 10.** Follow-up with client to assess for any adverse events associated with index testing

Client flowchart



Sample index testing register

PARTNER NOTIFICATION SERVICES TRACKING LOG											
Index Client Information					Information about Contacts (sexual/needle sharing partner(s) and biological children)						
No. (a)	HTS Number (b)	Date (dd/mm/yyyy) (c)	Index Client Name and Last Name) (d)	Index Testing Accepted? (Y/N) (e)	Name of Contact (First and Last Name) (g) Indicate the nick name in bracket where applicable	Age (Years) (h)	Relationship to index client (SP/PWID/C) (j)	IPV Risk Assessment Conducted (Y/N/NA) (l)	Knowledge of HIV status [KP/Neg/Unk] (n)	Preferred PNS Approach (Contract/ Duel/ Provider/ Client) (p)	First By Pho (dd/mm) Outco
				If No, Please Indicate Why? (f)		Sex ASSIGNED AT BIRTH (M/F) (i)	Cell phone No. Primary/Altern ate (k)	IPV Risk Assessment Outcome 1-Physical 2-Emotional 3-Sexual 4-No IPV 5-N/A-CHILD (m)	If KP, on treatment? Y/N Record ART Number (o)		

Scripts and talking points for introducing index testing

Sections	Key Messages
Instructions: Health care worker should use this script to obtain consent for index testing services	<p>Instructions:</p> <p>The counselor or health care worker should use this script to obtain informed consent from the index client prior to eliciting the names and contact information of sex/drug-using partner(s) and biological children. While index testing services should be offered to all index clients, they have the right to decline these services without any impact on their ability to receive other health services, including anti-retroviral treatment.</p>
What Are Index Testing Services?	<p>What are Index Testing Services?</p> <p>It is important that your partner(s) and biological children are tested for HIV. If they are negative, we can provide them with information to start them on anti-retroviral treatment. We are offering index testing services to you because we are offering these services because</p>
If they agree to participate, we will ask the names and contact information of their partner(s) and child(ren)	<p>Participation is voluntary. If you provide us with the names and contact information of all the people you have had sex with in the past year, we can help you get them tested for HIV.</p> <ul style="list-style-type: none"> • Had sex with in the past year without a condom; • Shared needles or injection equipment; • Given birth to who are not your biological child.
They can choose one of four options to get their partner(s) and child(ren) tested for HIV	<p>We offer four options for assistance:</p> <ul style="list-style-type: none"> • Client referral where you refer your partner(s) and child(ren) to the facility (or site) for an HIV test. • Dual referral where a counselor refers both you and your partner(s) and child(ren) to the facility (or site) for an HIV test. • Provider referral where a counselor refers you and your partner(s) and child(ren) to the facility (or site) for an HIV test. • Contract referral where you refer your partner(s) and child(ren) to the facility (or site) for an HIV test. After the test, you will receive a call from the facility (or site) to discuss the results.
They can choose different options for different partner(s)	<p>You are free to choose different options for different partner(s) and child(ren).</p>

Sections	Key Messages
Index Testing Services Are Completely Voluntary	<p>Index Testing Services Are Completely Voluntary.</p> <p>You can choose <u>whether or not</u> to participate in index testing services. This means that you do not have to provide the names and contact information of your partner(s) and child(ren) if you feel uncomfortable sharing this information with us. You will still receive anti-retroviral treatment and other health services at this facility (or site), regardless of whether you choose to participate in index testing services. You also have the freedom to change your mind at any time. This means you can say yes to index testing services now, but later decide you do not want to participate.</p>
Index Testing Services Are Confidential	<p>Index Testing Services Are Confidential</p> <p>We are committed to protecting your personal information. All the information you share with us will be kept in strict confidence. This means that we will not reveal your name to your partner(s). It also means that we will not be able to tell you whether your partner tested for HIV or his or her HIV status, unless we get consent from both you and your partner(s). We may share your partner's name and contact information with a community organization that helps us conduct HIV testing out in the community. However, your name will not be shared with this organization and they will not know who gave them the information about your partner. In this way, they will not be able to reveal your name to your partner. All information you provide us will be kept in locked cabinets, accessible only to health care workers and counselors providing index testing services.</p>
What Are the Risks Associated with Index Testing?	<p>What Are the Risks Associated with Index Testing?</p> <p>Although we will keep your identity a secret when we notify your partner, there is a risk that your partner may be able to determine that you were the one who provided his or her contact information. This is particularly true if you are the only person your partner has had sex with in the past year. If you are concerned that your partner might hurt you, please let us know. We can review different ways of notifying your partner that may protect your safety. However, we will not notify your partner if we cannot protect your safety.</p> <p>If you choose to notify your partner by yourself, there is a risk that your partner may react badly when you tell him or her about your HIV status. However, the counselor will review strategies for how to tell your partner about your HIV, including how to answer his or her questions and deal with any negative emotions, as part of the counseling session. In addition, you can bring your partner to this facility (or site), and a counselor can help you tell your partner about HIV.</p>



IPV SOPs

- Violence screening questions/tool
- The provision of first-line support and referral in instances of violence
- Safe data storage and sharing regarding disclosures of violence
- Determining appropriate notification approach
- Etc.

Scripts and talking points for calling contacts

SUGGESTED SCRIPT FOR NOTIFYING PARTNERS VIA A PHONE CALL FOR CLIENTS CHOOSING PROVIDER REFERRAL

Good day. My name is _____ and I am a counselor/provider at [Facility Name] . Who I am speaking to?

[IF NOT THE PARTNER]: Is partner's name available?

[If partner is not available]: Thanks. I'll try back later.

[If YES]: I have some important information for you. Are you in a private space where you can talk?

[If NO]: When would be a better time for me to call you?

Etc.

Adverse events forms

Beneficiary Abuse Disclosure and Response Form

PART 1 – Administrative Information and Information about the disclosure, the survivor, and the incident
*To be completed by the individual to whom the survivor disclosed, with help from an outreach supervisor as needed (in case of peer disclosure).
 For anonymous disclosure via complaint box or other format, the focal point at the facility should enter this information.*

1. Date form completed (Day/Month/Year): _____ / _____ / _____	2. Location/means of disclosure (select all that apply): <input type="checkbox"/> Hotline <input type="checkbox"/> Mobile app (such as WhatsApp, Viber) <input type="checkbox"/> Online <input type="checkbox"/> CSO or private clinic <input type="checkbox"/> Public clinic <input type="checkbox"/> Community <input type="checkbox"/> CSO offices/DIC <input type="checkbox"/> Complaint form <input type="checkbox"/> LINK <input type="checkbox"/> Other (specify): _____
3. Was the abuse disclosed anonymously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u> If yes, write or select "unknown" or "N/A" to all questions for which the information is not available.	4. Name of person filling out Part 1 of this form:
5. Job title of person to whom survivor disclosed: <input type="checkbox"/> Outreach worker <input type="checkbox"/> Peer educator <input type="checkbox"/> Peer navigator <input type="checkbox"/> Health Care Worker <input type="checkbox"/> Crisis Response Team member <input type="checkbox"/> Community Advisory Board member <input type="checkbox"/> N/A <input type="checkbox"/> <u>Other</u> (specify): _____	
6. UIC or program ID of survivor:	7. Age of the survivor in years:
8. Gender identity of the survivor: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other <input type="checkbox"/> Refuse to answer <input type="checkbox"/> Unknown	
9. Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Refuse to answer <input type="checkbox"/> Unknown	10. Population type (can select multiple): <input type="checkbox"/> Sex worker <input type="checkbox"/> MSM <input type="checkbox"/> PWID <input type="checkbox"/> Transgender <input type="checkbox"/> Client of sex worker <input type="checkbox"/> PLHIV <input type="checkbox"/> Adolescent girl/young woman <input type="checkbox"/> In a serodiscordant relationship <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other priority populations: _____

Customer Complaint Form for HIV Services

INFORMATION ABOUT YOUR COMPLAINT

Date Incident Occurred____ **Time Incident Occurred**_____

Place Where Incident Occurred: _____

Name of Healthcare Workers Involved (if known):_____

Please Tell Us about What Happened:_____

Implementer Security Incident Log

Security Incident Log			
Question	How to Answer	Response	
Security incident number	Begin with number 1 and continue; the numbering allows security incidents to be linked to one another (see question #14)		
Date of incident	Type as YEAR-MONTH-DAY (e.g., 2019-02-17 for February 17, 2019) in order to organize this security event log by date		
Time of incident	Specific time of day (if known), or more general (morning, afternoon, evening, night)		

Sample data sharing agreement

Sample Data Sharing Agreement

[Date] [Version Number]

[Note: This template provides an example for a memorandum of understanding between two organizations (or health facilities) who would like to engage in a shared confidentiality relationship in order to facilitate index testing, linkage to treatment, defaulter tracing, and other HIV services. Organizations should feel free to adapt and customize this agreement as appropriate.]

I. NAME OF ORGANIZATIONS ENTERING INTO AGREEMENT

Organization 1

Name of Organization:

Address:

Organization 2

Name of Organization:

Address:

II. PURPOSE OF THE AGREEMENT

In this section, both organizations should state in non-technical language the purpose(s) for which they are entering into the agreement. For example, data will be shared between the facility partner and the community partner to facilitate tracing and testing of partner(s) and biologic children elicited in the health facility by the community organization.

Etc.

Sample confidentiality statement

Index Client Information Confidentiality Form

I _____ agree to maintain the confidentiality of client information and records at all times. At no time will I disclose the names of clients, their contacts, or any information within their medical records. I will also comply with the following:

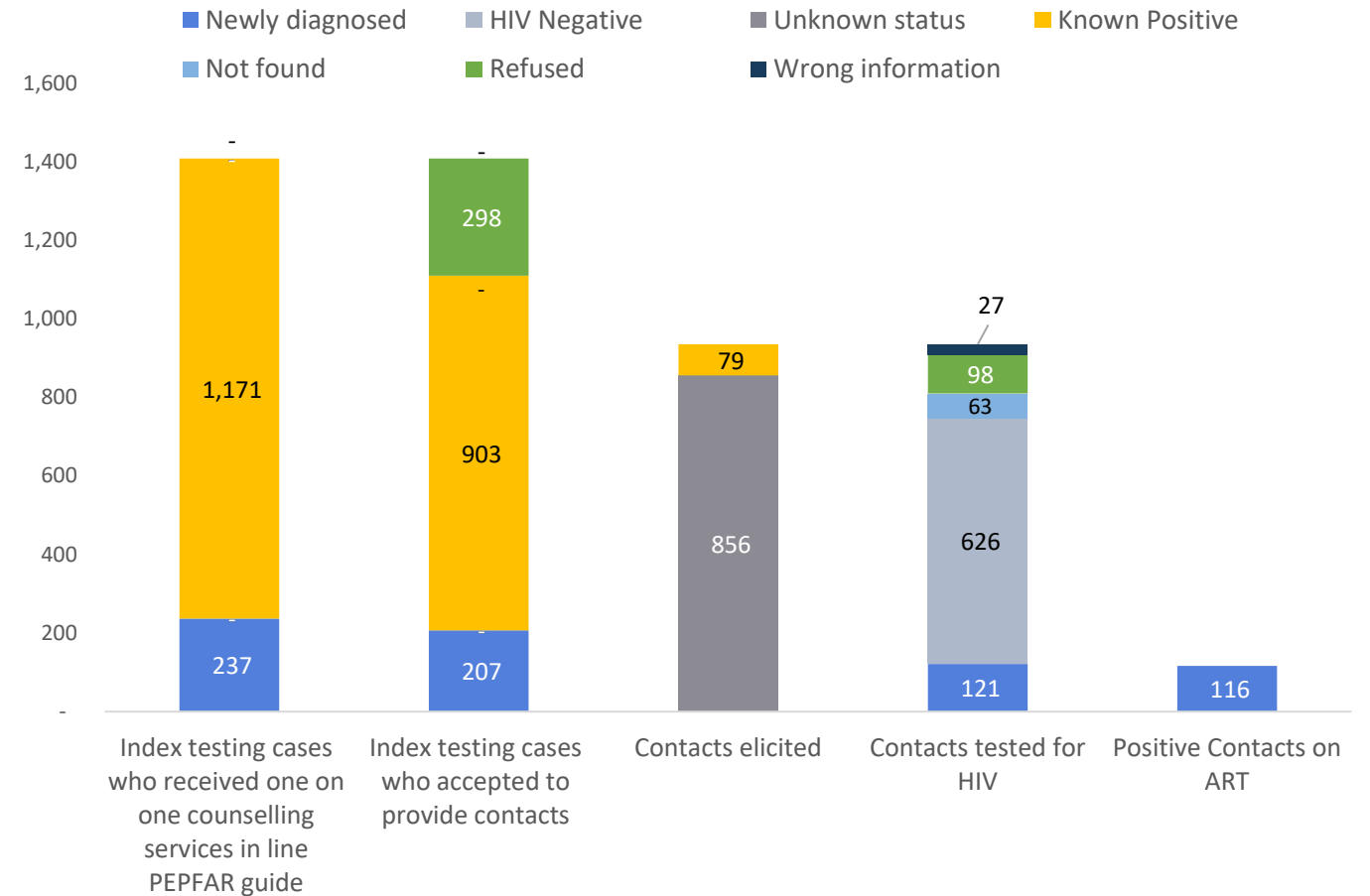
- I will treat all information I obtain/collect from clients and their contacts as confidential.
- I will not discuss the identity of clients and their contacts with anyone except those who are authorized to have access to this information.
- I will not use collected information for any purpose other than my work-related duties.
- I will maintain all written medical charts, registers, forms and other materials in a locked filing cabinet.
- I will store all electronic files on a password-protected computer or tablet that has current virus protection software. I will back up these files every night before I leave.
- Etc.

Documentation forms

- Client contact form, including follow-up support
- Partner tracking form
- Etc.

M&E and Data Visualization

Cumulative Cascade for Index Testing





Activity: Make it flow

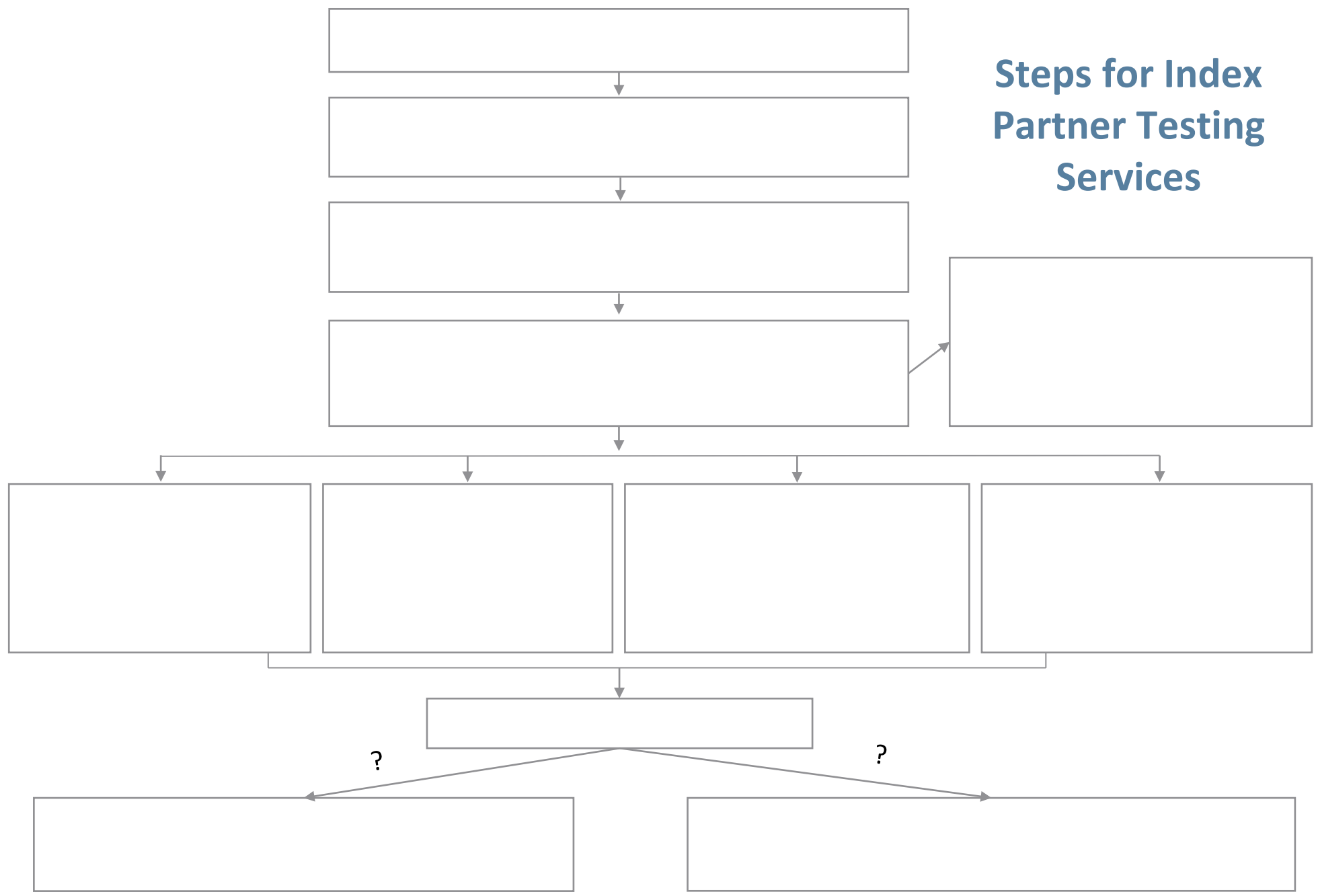


- Break into groups of 6–10 persons each
- Using flipchart paper, create a client flowchart using the template provided on the next slide and individual cards provided to each group
- Add arrows as appropriate to indicate client flow
- Feel free to adjust the language within each card or add cards to clarify the flow or additional activities. Are there tools or steps you would add? Take away? Modify?
- **BONUS:** Place the orange "Skills cards" wherever they might be most relevant to support a step



- Step 1.
- Step 2.
- Step 3.
- Step 4.
- Step 5.
- Step 6.
- Step 7.
- Step 8.
- Step 9.
- Step 10.

Steps for Index Partner Testing Services



Step 1. Introduce the concept of index testing and risk network referral

Step 2. Offer index testing as a voluntary service

Step 3. Obtain consent to inquire about their partner(s) and biologic child(ren)

Step 4. Obtain a list of sex and needle-sharing partners and biological children

Step 5. Conduct an intimate partner violence (IPV) risk assessment for each named partner

Step 6. Determine the preferred method of partner notification or child testing for each named partner/child

Step 7. Contact all named partners and biological children

Step 8. Record outcomes of partner notification and family testing

Step 9. Provide appropriate services for children and partner(s) based on HIV status

Step 10. Follow-up with client to assess for any adverse events associated with index testing

Use **Partner Index Testing Talking Points** to introduce partner testing to the client and complete the **Client Information Form**

Obtain written or oral informed consent from the client to proceed with index testing services, and/or record reasons for refusal

Use **Partner Elicitation Form** to record partners' names and contact information

Assess for intimate partner violence (IPV) and use the **Partner Information Form** to document results of intimate partner violence screening. Respond appropriately to disclosures of violence.

Immediately provide first-line support, including referral to IPV services as desired/available. Help client decide whether they can engage in index testing safely, and if so, which modality.

Client Referral: Coach client on disclosure; provide "Tips for Telling Your Partner about HIV" and **referral slip**; confirm appointment to test children less than age 19.

Contract Referral: Provide referral card and disclosure script; agree that client will refer partner or bring the child for HTS within 14 days.

Provider Referral: Initiate partner contact attempts using **Telephone** and **Home Visit Scripts**; confirm a day/time the provider will test the child(ren) in the home.

Dual Referral: Coach client on joint disclosure. Make a **plan** for when and where joint disclosure will take place. Offer HTS to partner.

Was partner successfully contacted?

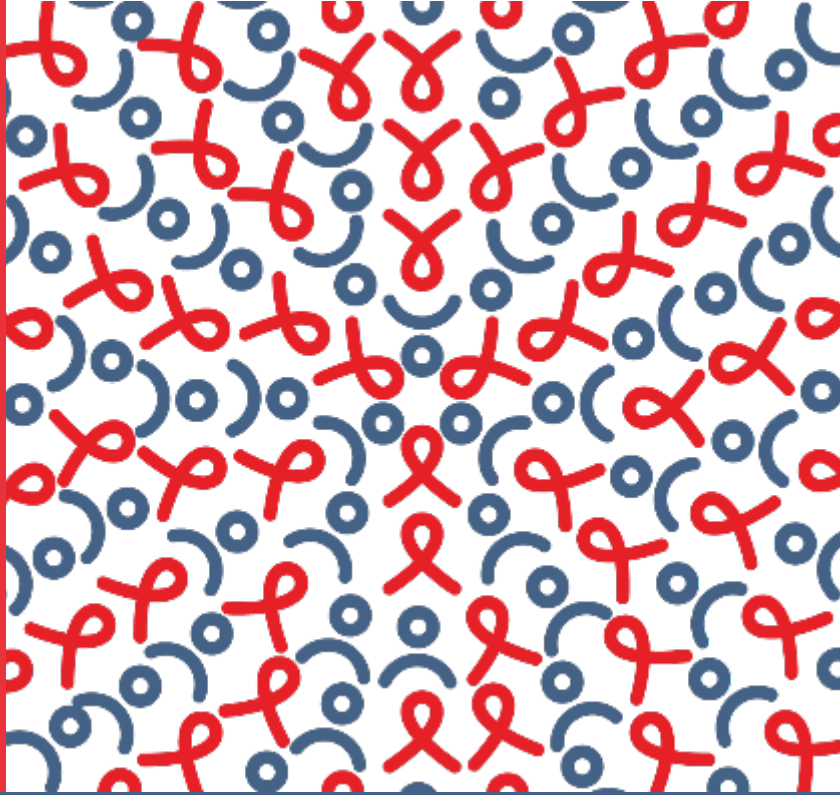
Yes

No

Record successful partner contact or child test (including HIV status) on **Outcome of Partner/Children Testing Form**

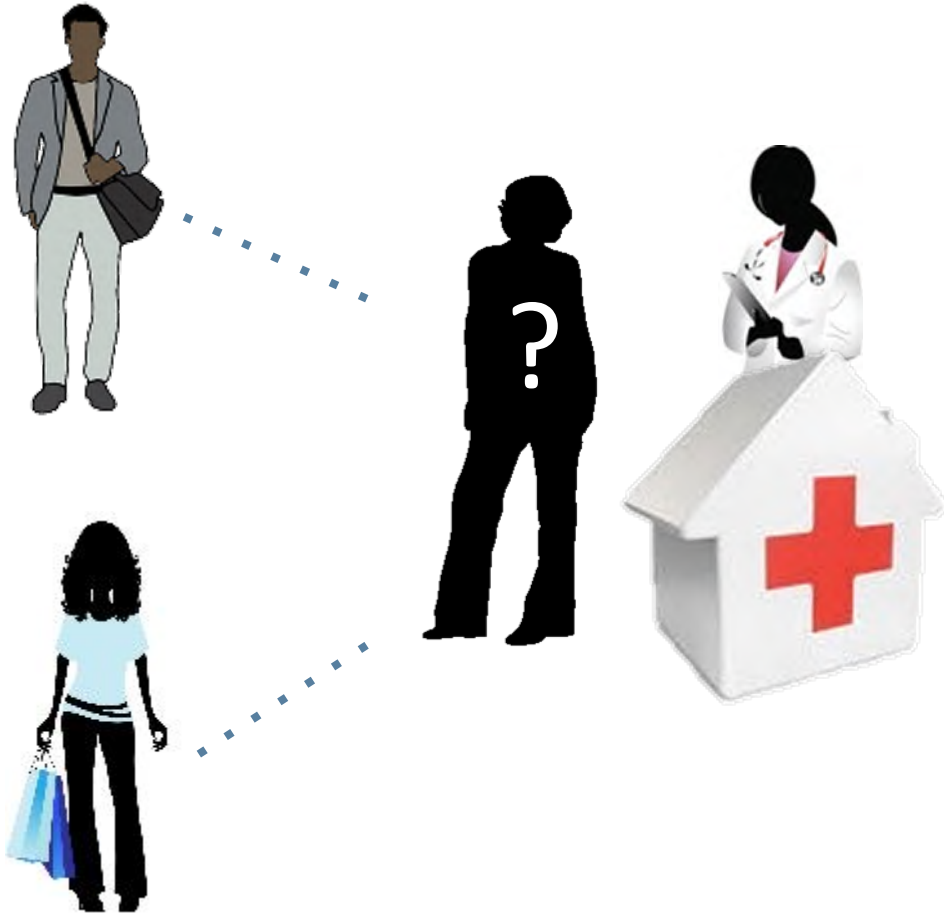
If **Contract Referral**, initiate provider referral for partners or home testing for children after 14 days; otherwise record unsuccessful contact on **Outcome of Partner/Children Testing Form**

Steps for Index Partner Testing Services



Session 7. Risk network referral

Drawbacks of index testing for key populations



Some key population members may...

- not consider many risk-network contacts as “partners”
- not feel comfortable disclosing to other members of their risk and social networks
- know others outside of their direct network who are at high risk



Risk network referral

- Offers PLHIV additional, self-guided options to extend linkage to HIV testing and other services to a broader set of social- and risk-network members facing elevated HIV infection risks through online and coupon-based referrals
- Does not require PLHIV to name — or even know the names of — these contacts to make referrals



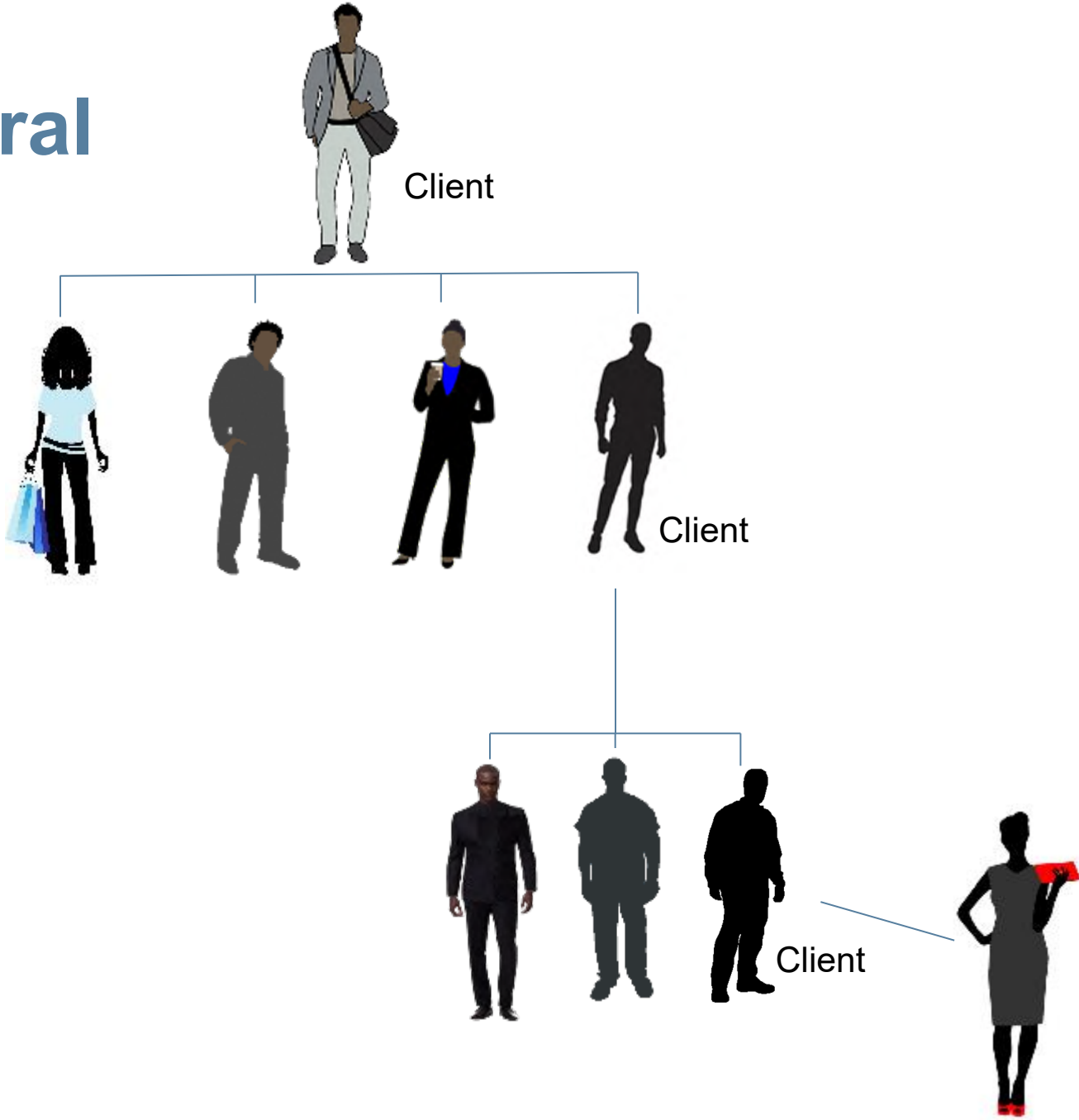
Risk network referral

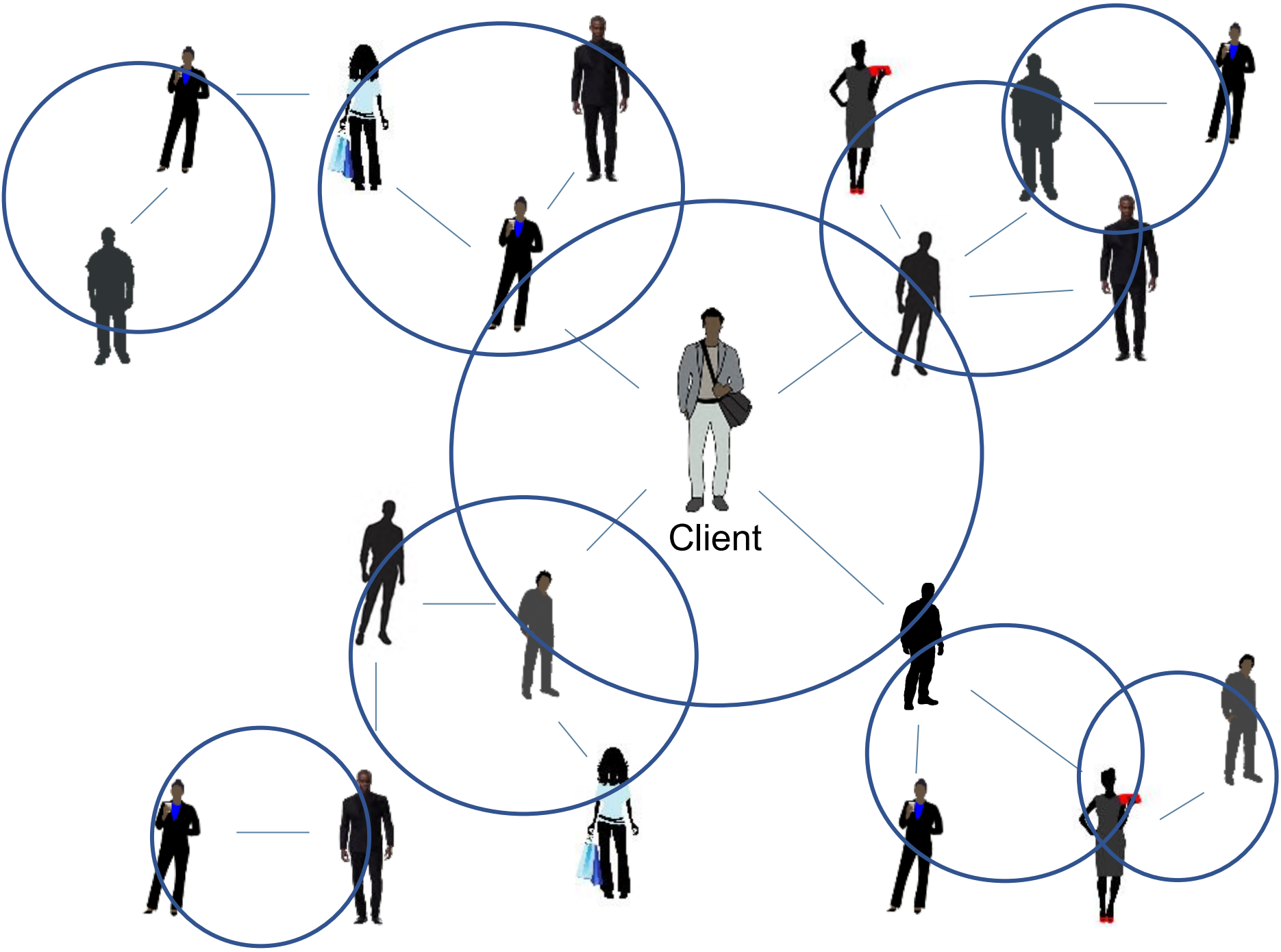
Client is counseled to invite KP members in their social and risk network....

...to be tested for HIV or to enroll for ART if living with HIV.

Network peers who come for testing are invited to do the same thing.

And so on...

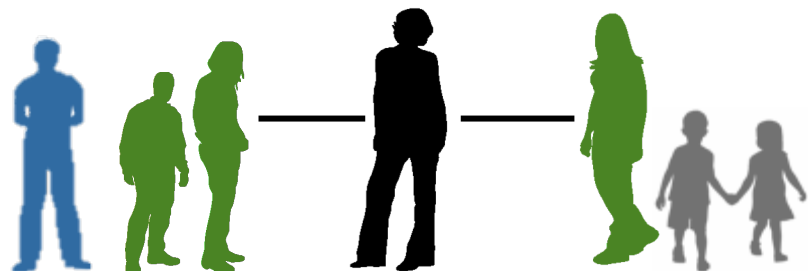






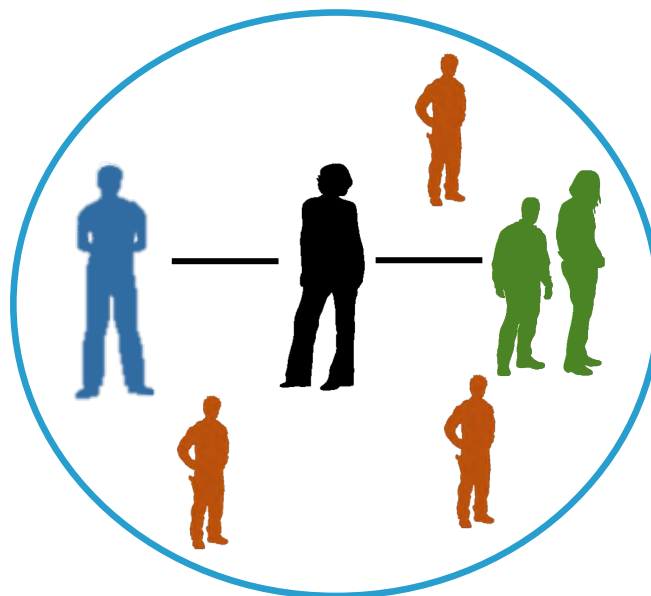
Combining index testing, targeted referral, and risk-network referral

Index testing



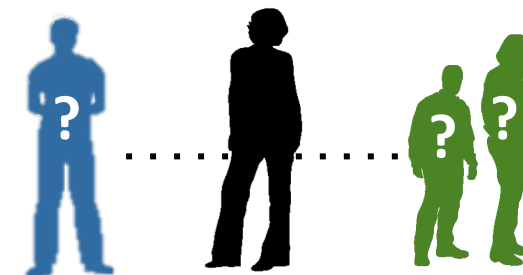
Support index client to voluntarily *identify, contact, and link* their **sexual and drug-injecting partners, spouse, and children** to HIV testing while encouraging referral or supporting safe disclosure (if client chooses)

Risk network referral



Support index client or high-risk KP to *identify high-risk members* within their **social networks** and refer them to HIV testing.

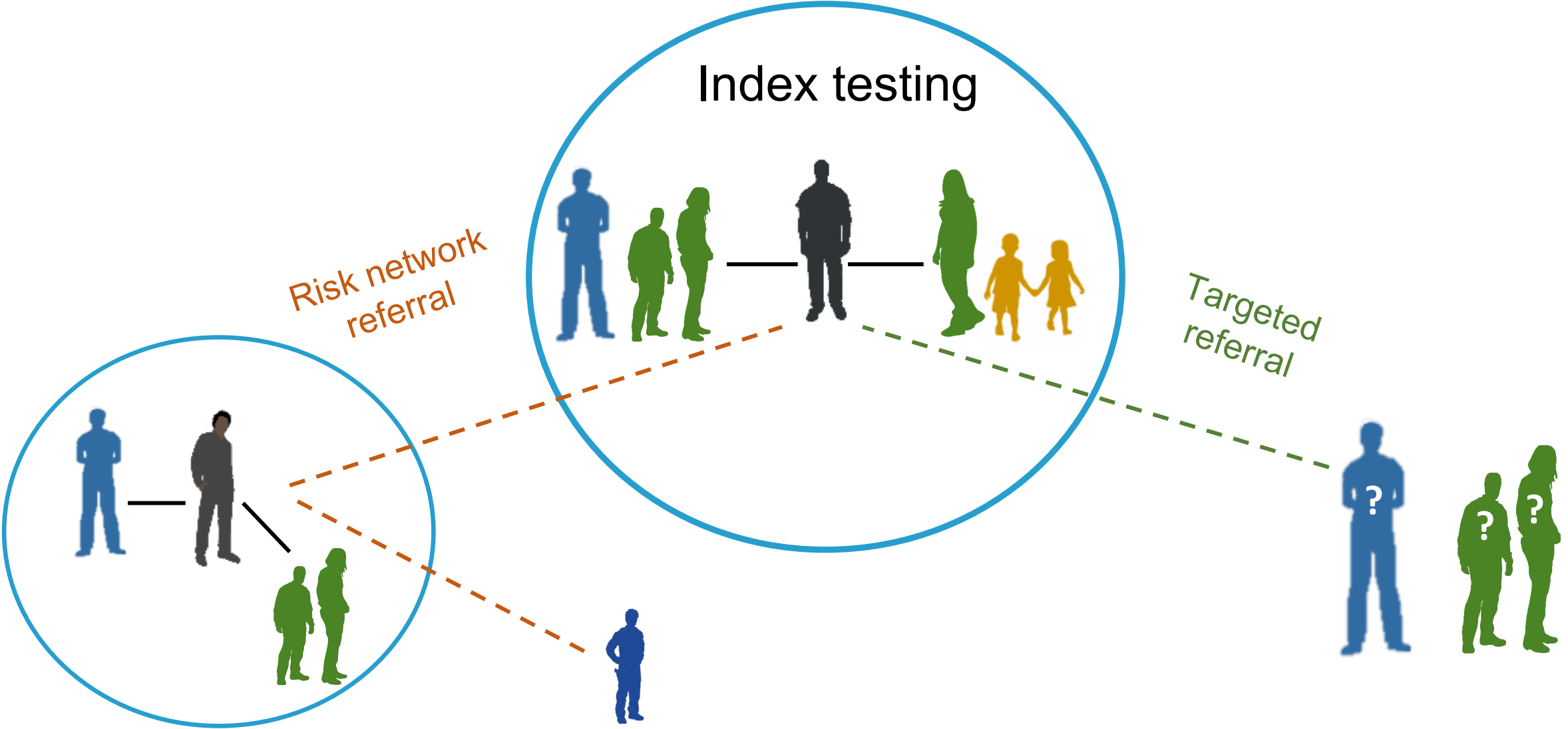
Targeted referral



Work with client to *identify sexual or drug-injecting partners* for whom they have little or no contact information; determine how/where index case could be reached



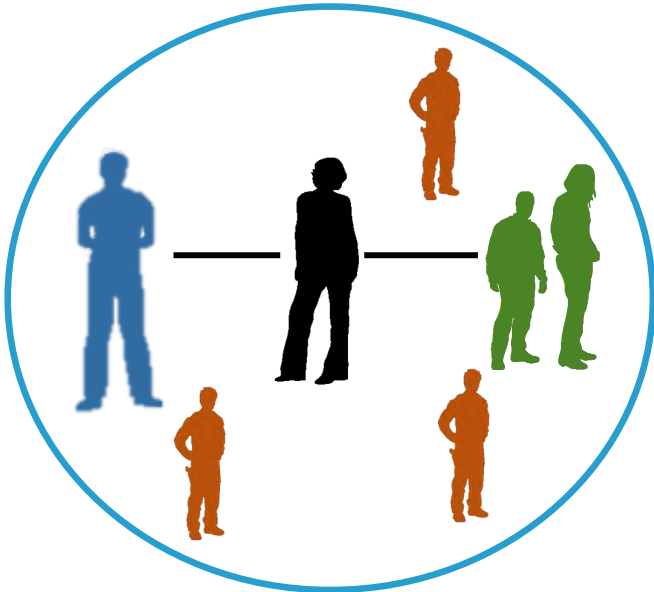
Combining index testing, risk-network referral, and targeted referral





Where and how could risk-network referral take place?

Risk network referral



Similar modalities to targeted testing!



Scenario: Which approach do you recommend?

Group work

At your tables (groups of 5–6), discuss the following.

Case study

You are counseling a man who has sex with men who has recently tested positive. He indicates that he has a boyfriend who he lives with but with whom he never uses condoms. He also likes to go to a sex club from time to time and have group sex with some friends. He always uses a condom at the sex club, but a few of his friends don't with each other.

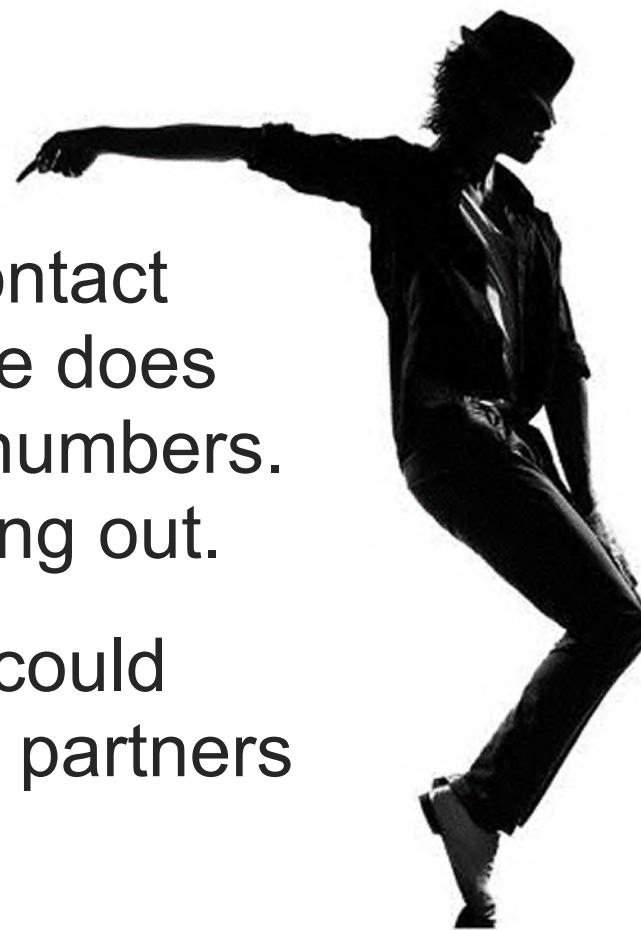
What would you do in this situation? What options would you offer this client?





Activity: Targeted referral. How to?

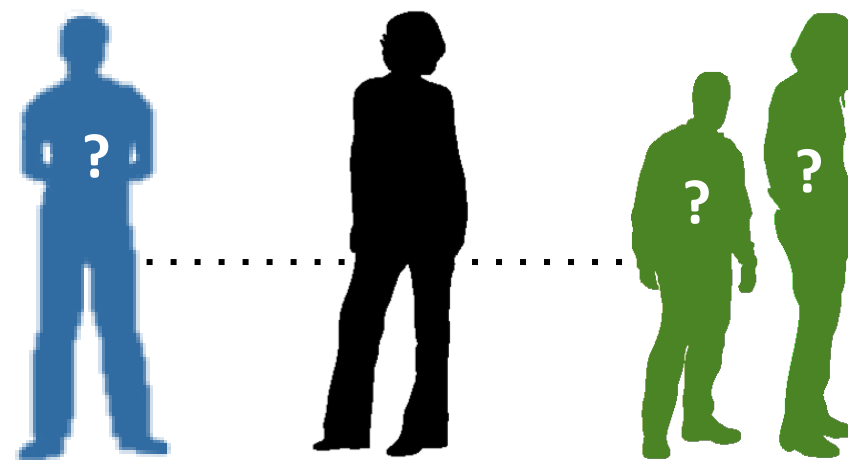
- Break into five groups.
- Your index client recalls having sexual contact with two individuals in the last year, but he does not remember their names or have their numbers. He can remember where they used to hang out.
- Brainstorm three effective ways that you could reach an index client's sexual or injecting partners in this situation.
- 10 minutes





How could targeted testing be conducted?

- Targeted outreach at location(s) referred by index client
- Broadcast invitations to community/social testing events (e.g., parties, campaigns)
- Incentivized (using coupons provided by the client, peer mobilizers, or counselors)
- Social media (Facebook, dating apps, etc.)
- Other?





End of Day 1