Key Population Identifier Code (KPIC) Standard Operating Procedures for Uganda

SOPs for the KPIC Program and Tool

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Cover photo: Data.FI developed a mobile and web-based application with a unique identification approach for key populations to facilitate their safe access to HIV services. Photo by Fredrick Wamala, Data.FI, IMC Worldwide


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IN MEMORIAM:

We are grateful to have worked with Fredrick Wamala, who served as project manager for Data.FI/Uganda with IMC Worldwide and was a co-author of this report. Fredrick died in May 2021 from complications of COVID-19 in Kampala, Uganda, one of the more than three million people lost to the pandemic globally then. The Data.FI family extends our heartfelt condolences to his family and friends.
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Abbreviations

ART  antiretroviral therapy
ARV  antiretrovirals
Data.FI  Data for Implementation
DHIS2  District Health Information Software version 2
GAC  Global Affairs Canada Project
GBV  gender-based violence
G2G  government to government
HIS  health information system
HR  human resources
IP  implementing partner
IT  information technology
KP  key population
KPIC  key population identifier code
KP Tracker  Key Populations Tracker
M&E  monitoring and evaluation
METS  Monitoring and Evaluation Technical Support Program
MOH  Ministry of Health
PEPFAR  United States President’s Emergency Plan for AIDS Relief
PLHIV  people living with HIV/AIDS
PrEP  pre-exposure prophylaxis
PP  priority population
QA/QI  quality assurance/quality improvement
QAIT  Quality Assurance and Improvement Teams
RHITES  Regional Health Integration to Enhance Services
SGBV  sexual and gender-based violence
SITES  Strategic Information Technical Support
SEP  service entry point
TSU  Technical Support Unit
TWG  technical working group
UIC  unique identification code
UID  unique identification
UPMB  Uganda Protestant Medical Bureau
USAID  United States Agency for International Development
Executive Summary

This Key Population Identifier Code (KPIC) Standard Operating Procedures (SOPs) document provides detailed information on how to implement the generation of secure unique identification codes (UICs) for HIV care and treatment services for key populations (KPs) in Uganda under the USAID-supported SITES program. The KPIC is the standard tool for identification and client tracking used by USAID in Uganda and was designed intended to be the tool of choice for the Ministry of Health (MOH) in Uganda.

These SOPs were developed to guide UIC delivery to KPs in particular, although aspects of the document may be used to enhance KP clinical services. This document serves as a step-by-step guide for users planning and implementing UIC generation when providing services to KPs. It can be used by RHITES implementing partners (IPs) under the guidance of SITES when rolling out the KPIC. It is intended only for USAID-supported IPs in Uganda conducting KP programming.

Data.FI anticipates that over time, the KPIC will expand to be used by additional donors and organizations working with KPs; if so, these SOPs may provide a helpful starting place. Nevertheless, as written this guidance is only relevant to USAID-supported KP service providers in Uganda.

For KPIC implementation and rollout, including the seamless integration of the KPIC into KP program workflows, we recommend a number of procedures. These SOPs should be used to ensure a coherent approach to planning, arranging, and implementing a KPIC rollout country wide. While each step is outlined briefly below, before starting please ensure that the planning team is able to set aside time to discuss and assign responsibility for implementing the SOPs adequately. Details on how to use the KPIC tool can be found in the Uganda Key Population Identifier Code (KPIC) Manual: Guidance for USAID PEPFAR Implementing Partners.

These SOPs are designed to provide guidance that will yield a UIC to achieve the following objectives:

- Create a confidential service recognition system that uniquely identifies individuals without disclosing personally identifiable information
- Improve health information management for highly migratory populations
- Improve assessment of mobility of KPs through outreach services and health facilities
- Avoid duplication in the counting of KPs receiving services
- Identify new individuals engaging with prevention through treatment services
- Assist in the reorientation of services to meet the changing needs and attendance patterns of KPs
- Conduct analysis of the HIV cascades through continuum of care indicator data
- Help programs follow up with clients who have missed referrals, have interrupted treatment, or who lack treatment adherence
SOP 1: Planning and Designing KPIC Interventions

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To set standard guidelines for planning the KPIC activity for either normal programming or rollout to new centers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>SITES</td>
</tr>
<tr>
<td>Target Users</td>
<td>USAID, SITES, IPs, SITES IPs districts, facilities, drop-in centers, and players in the interagency space (which includes nongovernmental organizations (NGOs) working in KPIC service areas — such as Centers for Disease Control and Prevention (CDC) among others)</td>
</tr>
<tr>
<td>Overview</td>
<td>This SOP presents critical components for effective program intervention, planning, and design for rollout by the IPs or SITES. It provides instructions for participatory planning and offers guidance for the development of a clear, thorough, and realistic implementation plan. The implementation plan should outline key activities with timelines for implementation and serve as a basis for monitoring and evaluation when the KPIC activity is done. The workplan for both the existing and new facilities during the rollout should be accompanied by a budget, which will help identify needed inputs and ensure that each of the components is considered when designing the implementation plan.</td>
</tr>
</tbody>
</table>

PROCEDURES

Identify stakeholders:

- USAID and other donors who are key to the implementation of the activity
- Service providers connected with the KPIC interventions at the national level, USAID, SITES, and IP, district, facility, and hotspot levels
- Existing KP and other HIV coordinating mechanisms and other non-government actors
- Other service providers critical to the KP program, both in private and public institutions, to avoid duplication of efforts
- Key stakeholders/gatekeepers who are critical for the achievement of intervention goals and objectives
- Over the course of the KPIC program, the above stakeholders will need to be engaged to varying degrees at different points in the KPIC program.

Encourage participatory planning:

- Invite stakeholders involved in KPIC generation and use to take part in planning sessions.
- Review existing manual tools and forms that use the UIC and gather further relevant information and KPIC capturing tools (e.g., HIV ART/Care Card, Key and Priority HIV Prevention Service Tracking form, gender-based violence [GBV] form)
- Define location/geographic scope of the activity.
  - Existing hotspots (locations with a concentrated presence and/or KP activities—such as neighborhoods, streets, bars, pubs, or drinking spots—where KPs meet, socialize, or interact with clients)
  - Location and types of service entry points (SEPs)
- Existing resources and other KP-related interventions by development partners other than USAID
- Potential barriers to implementation, such as acceptance by the Monitoring and Evaluation Technical Support (METS) Program to achieve full integration between the KPIC and KP Tracker

**Engage with and understand KPs to increase the probability of KPIC success and adoption**

- Understand the mindsets, beliefs, and perceptions of KPs
- Identify facilitating factors (e.g., familial connectedness) and barriers (such as social inequalities) to KPs’ health-seeking behaviors
- Uncover insights that motivate KPs to act upon or improve health-seeking behaviors
- For rollout to new sites in USAID-supported regions, develop a specific rollout plan and refer to the SITES program manager for more details

**PLANNING PROTOCOL**

**SITES, RHITES IPs, G2G mechanisms, USAID IPs, and the UPMB** are in charge.

**Inform the Uganda USAID mission**

The program coordinator from SITES or USAID-supported mechanisms like the UPMB shall inform the USAID/Uganda mission of the impending activity and request that the mission communicates the same to its regional IPs, the MOH, and any other key stakeholders. The program coordinator may share a draft letter to ease the process for communications which the mission can utilize.

**Conduct a planning meeting headed by USAID IPs and regional partners**

A meeting (virtual or physical) of all IPs, USAID mission, local partners, and other relevant stakeholders should be held to introduce the program, the objectives, and key steps. During the meeting, an agreement on an overall, tentative schedule and plan for rollout to relevant facilities and districts should be made and recorded. At this meeting, the rollout plan for the catchment area of the USAID-supported IPs (which should be ready in advance, along with the pre-defined criteria for the selection of facilities to train) will be discussed, and participants will also be introduced to any ongoing developments or pending issues. A copy of these materials can be shared with the participants at the end of the meeting, along with a meeting report.

**Important to consider prior to rollout:**

Each targeted facility and rollout site should ideally offer a stable internet connection. The KPIC generator app offers offline KPIC generation, however it needs to be synced to the internet as frequently as possible.

The pre-defined criteria for selection of facilities may include—but is not limited to—readiness of the facility to engage in the continuous use of the system, existence of a KP program supported by USAID and overseen by an IP, access to internet, and an engaged focal point at the facility in charge of providing the platform and the requirements to run this system.

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1 UPMB is a local partner providing HIV and KP services. They’re implementing a project called Local Service Delivery for HIV, focusing their efforts at private health facilities (private not for profit, or PNFP) and are actively rolling out the KPIC.
Communicate with region and other stakeholders

The IPs must communicate the plans and objectives to each of the regions and facilities that will be involved in the rollout. This should include an introduction of the necessary new members in implementation, the team that shall be implementing the training, the training objectives, and the schedule asking for cooperation. The district office should also be engaged in the planning of the activities. It is crucial that the district office is not only informed but supportive of the implementation. A letter from USAID asking for their support may be helpful.

Roles of SITES and IPs

SITES must inform IPs in the regions of North, East, Central, and Southwest so the rollout/implementation happens in the piloted facilities and the new facilities in the scale-up plan. This is to enable smooth implementation since the IPs have already been introduced to the KPIC. Each IP should be requested through SITES to develop a draft rollout plan for implementing and rolling out the KPIC system to the facilities in the respective regions.

Select facilities

The IPs in each region shall select the particular facilities that will adopt the KPIC. Facilities eligible to adopt the KPIC will have a KP team and resources required to adopt the KPIC Android smartphones, desktop computer, and active internet bundles. The rollout team will include members selected by the SITES team, which will coordinate with IPs and any relevant members in the interagency space in monitoring the use of the system and providing necessary support. If any permissions, approvals, or communications are required, these shall be completed with the government of Uganda/MOH prior to the rollout.

Facility roles

All facilities are responsible for the implementation and use of the KPIC system and close monitoring on the usage. Facilities need a proper management structure for UIC work, from peers to the facility head. All facility KP focal persons (peer leaders) with support from the data clerk are responsible for the implementation and use of the KPIC system and close monitoring on the usage. Facility focal persons must keep the data entrants and program managers well informed and coordinated at all times because these KP focal persons will update the support IPs. For example, there should be a monthly meeting at the facilities specifically focusing on the UIC generation, with meeting minutes captured by the facility managers.

Review KP Program Workflow Processes:
The UIC generation process is not uniform from facility to facility; therefore, it is crucial to review the current workflow process of the KP program at each facility. This will allow for a tailored approach in rollout and implementation of the suggestions. It will also allow for a more seamless procedure as roles and responsibilities are approved and better managed. Note also that the roles of facility staff may differ. In some facilities, data entry staff may generate the KPIC while in others it may be peer leaders who generate it. This should be taken into consideration prior to implementation of the rollout.
SOP 2: Budgeting and Ensuring Adequate Resources

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To provide standard guidelines to ensure adequate resources are available to effectively implement the KPIC activity for existing and new facilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>SITES</td>
</tr>
<tr>
<td>Target Users</td>
<td>SITES program managers, RHITES IP focal persons, KP program coordinators, KP program teams, SITES and IP human resources (HR) managers, RHITES finance managers, UPMB, G2G program, USAID IPs</td>
</tr>
<tr>
<td>Overview</td>
<td>Common costs that need to be factored into the overall budget for KPIC training and on-boarding.</td>
</tr>
</tbody>
</table>

PROCEDURES

Review workplan and determine required resources.

Staffing needs

- The need for additional staff (full-time, facilitators, or consultants)
- Level of effort needed for each position vis-a-vis the routine works

Business expenses

- ICT and office equipment (e.g., computers, safe file storage, chargers, routers, essential software, hardware (Android smart phones/desktop computer with a network card))
- KPIC training needs (Hardware (Android smart phones/desktop computer with a network card), Software, and Internet bundles) for existing or new staff

Travel costs

- Regular monitoring visits, meetings, and workshops should be included in cost planning
- Travel costs include per diem (accommodations, allowances for travel and transport or meals and incidentals)

Workshops/trainings/meetings

- Consider the following: Are you renting a venue? Do you need accommodations for participants? Have you thought about the cost for providing for snacks/lunch? Do you need any training materials?

COVID-19-specific costs

- If at any time you are convening staff, everyone needs to be wearing masks. This requirement should be shared with participants in advance of the gathering, but you should plan to purchase some masks in case staff do not have their own.
- Purchase hand soap and surface cleaners and paper towels for any shared surfaces.
SOP 3: Human Resource (HR) and Capacity Building

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To set standard guidelines to ensure appropriate and adequate HR to implement the KPIC generation activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>SITES and Regional IPs</td>
</tr>
<tr>
<td>Target Users</td>
<td>Program managers, coordinators, and implementation teams</td>
</tr>
<tr>
<td>Overview</td>
<td>Human resources are a valuable and essential component of the KPIC activity. Successful programs require team members with a variety of skills, including members of KP communities themselves, or at least individuals who have experience with and are “KP competent” (e.g., comfortable working with and delivering programs for these marginalized populations). The particular composition (number and type of skills) of your team will depend on the types of services to be provided, the strategy for delivering those services, and the intended coverage of the program. At a minimum, each intervention should ensure adequate staffing (appropriate categories, level of effort, and numbers of staff) to assume responsibility for management, leadership, coordination, technical oversight, service delivery, outreach, monitoring and evaluation (M&amp;E), finance, and administration. It is important to assign clear roles and responsibilities for different aspects of the KPIC Activity.</td>
</tr>
</tbody>
</table>

PROCEDURES

Identify HR requirements

**Suggested implementors:** The KPIC rollout is a tailored activity designed specifically for the logical workflow of a specific region or facility. These facilities should eventually adopt the new method of generating a UIC using the KPIC, as opposed to any method they have used to apply codes to KPs in the past. The team most typically involved in the KPIC adoption process are the following:

- M&E officials
- Data entry staff
- Clinicians
- Peer leaders
- Designated KP focal persons
- Decision makers at the facility

Illustrative job categories include:

- **KP program manager from SITES or the RHITES (IP) program:** A KP-competent and trained individual (preferably someone from the RHITES (IP) district or someone with experience providing quality services with or for KP communities) who will lead the project team, as well as design and manage the implementation of the program. This individual will also ensure overall service delivery for the community and coordinate with other stakeholders for effective program implementation.
- **KPIC supervisors/field officers/outreach workers/program officers:** A KP-competent trained individual who supervises a number of peer leaders and case managers within a defined facility or geographical area.
- **Peer leaders**: An individual from the community, trained to reach their peers with HIV information and services and influence behavior change among their peers. Peer leaders can be engaged on a stipend or as fully paid staff members, depending on the financial capacity of the IP.

- **Case managers**: An individual trained to identify KPs, including people living with HIV (PLHIV), connect them to KP-competent facilities to access care and treatment, and follow up with them to ensure they continue to receive treatment.

- **Coordinators/zonal officers**: A KP-competent trained individual who coordinates all HIV prevention, care, and support services.

- **M&E officer**: A KP-competent trained individual who guides data collection, reviews collected data, and collates the data to generate periodic reports.

- **Finance, administrative, and support staff**: These are KP-competent trained individuals who provide administrative, finance, and logistical support to the program.

- **Ancillary (part time or voluntary) staff**: These are KP-competent individuals who are engaged to provide specialized services (e.g., nurses, psychologists, lay counselors etc.) as needed for the program.

### Develop a capacity-building plan

Since staff who implement the KPIC activity in a region may change and turnover, it is important to have a capacity-building plan that continuously introduces staff to the KPIC concept. The plan should outline how to do the following:

- Introduce the KPIC concept, purpose, and underlying principles (e.g., privacy by design, responsible data)
- Introduce users to the manual and the modules available in the manual
- Share expectations for using the KPIC, where to go for help within the facility, and whom to contact from SITES for technical support

The following explains the key staff involved in the KPIC and what specific capacity-building activities should include:

- All peer leaders and case managers must undergo training using the KPIC generator on the app and online generator training manuals and the other relevant documents.
- All project coordinators and field staff should receive KPIC manager and administrator training covering all elements of the intervention meant for managers and administrators of the KPIC. Details available in the KPIC manual.
- Project coordinators and field staff can also be selected and trained as HIV counsellors.
- Field staff should receive quarterly updates and refresher training once a year.
- All service providers and outreach workers should be trained on the linkages between HIV, gender, and sexual and gender-based violence (SGBV), incidence and risk factors associated with SGBV, and special considerations for working with SGBV survivors.
- Convene a monthly meeting of field staff and project coordinators where additional reinforcement of training will be conducted through debriefing and feedback. The convening process must include an agenda for the meeting, as well as documentation of the meeting discussions (minutes), and next steps for action/follow-up.
- Convene an annual refresher training for facility managers and their field staff that includes the peer leaders.
- If new staff members are recruited within the project period due to staff changes or resignations, they should be given an orientation. All staff should have an annual training and refresher trainings as needed.
Support supervision and mentoring

- **Peer leaders** and **case managers** who generate the code should be regularly supervised by field staff once a month.
- **Field staff** should be mentored by **project coordinators** and KPIC managers and administrators.
- **Project coordinators** will receive additional mentoring from the SITES Technical Support Unit staff during visits.
SOP 4: Generation and Use of the KPIC

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To guide service providers in generating and using the KPIC. Full details on how to use the KPIC are available in the manual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>Facilities and RHITES IPs</td>
</tr>
<tr>
<td>Target Users</td>
<td>Service providers</td>
</tr>
<tr>
<td>Overview</td>
<td>The KPIC is used to generate a UIC and is used any time a registered KP enters a USAID-supported KP facility. The KP will share basic identification information with the service provider, which will allow the user to look up the KP and match the KP with their KPIC.</td>
</tr>
</tbody>
</table>

Procedure for KPIC generation with client present (more detailed instructions can be found in the KPIC Manual)

During the KP identification process, the KPIC must be generated using the following approach. First, the service provider should ask the client whether they have received KP services in the past six months. If they have, it is likely that they already have a KPIC. In this case, if there is any ambiguity about whether the client possesses a KPIC, it is advised to mark in the KPIC “possible duplicate.” If they have not received services in some time, it is likely they do NOT already have a KPIC.

NOTE: ONLY mark a client KPIC record as a possible duplicate if there is reason to believe it is a possible duplicate. If the client is confident that they do not already have a KPIC—because they are a new client or have not been seen since before the KPIC was adopted—it is very unlikely that they have a duplicate record. The fewer possible duplicates there are the easier it will be to de-duplicate client records.

- Visit URL [www.kpic-generator.com](http://www.kpic-generator.com) or download app from [https://www.kpic-generator.com/apks/KPIC%20Generator%20Android.apk](https://www.kpic-generator.com/apks/KPIC%20Generator%20Android.apk) and log into the KPIC generator.
Figure 1. KPIC App Access

- Ask the following pieces of information from individual plus code word: SEP (if logged in as manager or admin), Surname, First name, Second name, Year of Birth, Month of Birth.

Figure 2. KPIC generation
Select one of ten images on the screen.

**Figure 3. KPIC app icon selection**

- Enter this information into the generator to generate a unique ID. Some facilities prefer to write the Code on paper forms so that the clients do not lose or forget the code and image used for generation.
- Use the same code to add in the individual’s records to the KP Tracker and the facility register.

**NOTE:** If using the app, sync the app regularly to upload KPICs into the central database.

**KPIC look up protocol**
The following process is used if the client is present and claims to have a KPIC. The service provider should ask the client the answers to the Surname, First name, Second name, Year of Birth, Month of Birth, and the image used before. This will be entered on the website when the user logs into the website or the app. Alternatively, some facilities may choose to print out cards with the KPIC and icon for clients. If clients have the card accessible when seeking services, the service provider simply needs to enter the KPIC into the KP Tracker, rather than visiting the KPIC site.
Figure 4. KPIC web-based generator

The KPIC generator app tracks KPICs already generated (regardless of SEP). If the same personal information is entered into the generator, the system will flag that this is a duplicate. Either use the look up to find the code (if you believe the individual has already had a code generated) or generate a new one with a new image if you believe the individual has the same information as another KP.

Figure 5. KPIC Already Found

KPIC already found

Existing KPIC Found!

F1F524324

Created: 11/17/2020 at 11:37 pm
Created By: [Name]
Created On: [Date]

If you are certain a KPIC has not already been created for this client, click on [Download KPIC] and enter in the same information again and select a new ID.
If you are not certain whether a KPIC has already been created, mark down this KPIC and generate a new one, and flag the "potential duplicate" box, submit both KPICs to STS for duplication.
**KPIC not found**

If the client is not found in the system, please check if the client’s information is entered accurately (i.e., Elizabeth not Beth, name is spelled correctly, etc.). Please also confirm if the client has had a KPIC generated in the past. If you cannot find them in the system, go ahead and create a new KPIC and mark their forms as “Potential Duplicate.”

**Figure 6. KPIC Not Found**

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**Procedure for KPIC generation without client present**

While it is possible to generate a KPIC without the client present, it is not recommended, as the client will be required to replicate the answers, including the image selected. Some facilities have been generating KPICs and printing them on cards with the image selected and providing those to clients in these cases.

**Figure 7. Example of client KPIC card**

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**Look up KPIC**

If the service provider needs to find the KPIC without the client present or without knowing the image for an existing client who has a KPIC, they should use the KP Tracker to look up the client. The KPIC should be listed for that client.
KPIC Administrators
They take up the roles of overall administration and management of the system and other accounts with fewer permissions, namely Managers and Users.

In the KPIC generator app and web, administrators can:

- Add/edit SEPs
- Add/edit types of facility
- Add/edit the images
- Review and edit authentication details for APIs
- Add/edit users at different SEPs and add new KPIC managers

KPIC Management
KPIC managers are able to add/edit users for different SEPs as well as to see different reports generated by the KPIC.

User Management
The KPIC administrators are also able to provide user access to all users. Your user profile will contain:

- Your first and surname
- An email for you to be reached at
- A unique username/password
- For KPIC users: The SEP you are associated with

If you need additional assistance, please contact the KPIC administrator at your facility.

Reports
The KPIC generator offers the following report to all users, which can be filtered by region.

- **KPIC list**: A list of all KPICs generated and looked up by the app (sortable by SEP, user, and type of usage).
- **Mobility report**: Monitor movements across the different SEPs by tracking when a client’s KPIC was found and used in the system. Note, the mobility report does not integrate with the KP Tracker, so anytime a client enters a facility and provides their KPIC, instead of the personal information used to search the KPIC (via the KPIC site), the mobility will not be tracked.
- **Deduplication reports**: View reports on potential duplications due to KPIC not found or when a service provider indicates the KPIC as a possible duplicate (due to there being uncertainty about whether the client had an existing KPIC).
SOP 5: Data Confidentiality, Protection, and Security

Purpose

Data confidentiality, protection, and security is a challenge in any situation where personal data is collected. Unauthorized data access and data breaches are always possible. Before implementing a UIC system, protocols must be created to protect the security and privacy of clients because regardless of what technology is used, humans present the most likely risk vector. Therefore, it is critical to ensure that all staff handling sensitive data, receive proper data protection training.

Primary Responsibility

SITES, IPs and facilities

Target Users

Program managers, M&E officers, program officers, peer leaders, case managers, support staff, and other relevant stakeholders

Overview

Uganda has enacted a data protection and privacy law. In the same light, USAID has data protection and privacy guidelines. Compliance with Government of Uganda guidelines and those of its partner USAID is critical, given the vulnerability of KP data. If KP data are mishandled, serious physical and reputational harm can come to anyone affected and KP service providers could face legal penalties.

To establish a security protocol, data management plans should include:

- Mapping all primary, secondary, and end users from UIC owners to clients of KP services, for example: KPs, peer leaders, facility managers, and national-level users
- Identification of data access privileges and security mechanisms for each level of user (e.g., passwords on tablets after a period of inactivity)
- Training to ensure that users are trained and compliant with all client confidentiality laws and/or procedures
- Training to sensitize staff to the KP context to understand why certain pieces of information may be sensitive for a KP even though they may not be sensitive for the general population
- The length of time data will be kept and how it will be backed up
- Proper procedures in the event of a security breach
- A data management and governance structure (i.e., who monitors data access, who is responsible for data retention, data destruction, etc.)

If implementing UICs at the national level for KP members only (Level 3) or for all people accessing services (Level 4) one of the most important considerations will be determining how to share data across providers without revealing individuals as members of KPs, especially when data are shared with organizations offering services that are not KP-specific. In these situations, it will be important to develop guidelines in collaboration with all stakeholders, including KPs.

Whether or not a UIC is used, all programs should have a security protocol in place to protect client confidentiality and ensure data security.

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2 Health center III: This facility should be found in every sub-county in Uganda. These centers will have approximately 18 staff, led by a senior clinical officer. They should also have a functioning laboratory.

3 Health center IVs or hospitals: This level of health facility serves a county. In addition to services found at health center IIIs, they should have wards for men, women, and children and should be able to admit patients. They should have a senior medical officer and another doctor as well as a theater for carrying out emergency operations.
SOP 6: Matching of Pre-Existing Health Records

<table>
<thead>
<tr>
<th>Purpose</th>
<th>When establishing new UIC systems, depending on the needs of the program, it may be useful to link pre-existing health records (paper-based or electronic) from various service delivery points.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>RHITES IPs, G2G mechanisms, USAID IPs, and SITES</td>
</tr>
<tr>
<td>Target Users</td>
<td>IPs, data entry staff</td>
</tr>
<tr>
<td>Overview</td>
<td>The process of linking existing records is intensive and may need to be conducted over an extended period of time.</td>
</tr>
</tbody>
</table>

Linking records that live in different systems using the KPIC can be achieved by embedding the UIC in the KP Tracker, as well as in all manual-based systems that use the KPIC. Verifying the accuracy of paper records places an additional demand on resources and manpower that may already be limited. Decisions on how many years of past records and which types to migrate and link to a UIC will need to be discussed by SITES and other stakeholders. In some situations, prior to the implementation of a UIC systems, it may be possible that information previously collected by programs can be used to retrospectively create UICs and to link them to data moving forward. This may require cooperation from the client (in that they must give their name again) and the use of important safeguards to ensure privacy and confidentiality (such as ensuring that staff who look at records have had all necessary ethics training, have signed confidentiality agreements, and have obtained the consent of the client).
SOP 7: Developing Feedback Mechanism

**Purpose**
To provide information to facilitate supervision of KPIC rollout, implementation, and use

**Primary Responsibility**
SITES and IPs

**Target Users**
Planners and program managers including at the RHITES IPs and SITES

**Overview**
Success stories and challenges should be continuously collected to inform an institutionalized usage monitoring system. This will provide key information for the ministry to enable better planning and rollout to non-USAID-supported facilities

**PROCEDURES**
A feedback and communications plan should include the following:

**Identify organizational/program feedback, reporting, and communication channels**
- Peer leader to/from IP (civil society organization/NGO)
- Principal recipient to/from USAID
- Various principal recipients to/from national coordinating body

**Define the mechanisms for reviewing reports to form the basis for providing feedback**
- Review data quality assessment reports where available
- Review narrative and data reports
- Compare for trend analysis

**Select the mode(s) of providing feedback**
- One-on-one and small group discussions with peer leaders/field teams during site observation visits
- Periodic (weekly, monthly, quarterly) review meetings at district, regional, and national levels
- Written feedback shared and discussed with program teams at district, regional, and national levels

**Follow up on the recommendations in the feedback**
- Agree timelines/milestones to address weakness or improvement required
- Issues arising from the feedback should be acknowledged, addressed, and documented
- Agree on mode of reporting on the issues identified and addressed
- Specify technical support that will be provided to the program team if needed and who should provide the support and at what time
SOP 8: KPIC System Reports

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To develop comprehensive, quality, standard reports for use of program data, challenges, and stories from the field. The KPIC generator offers three reports listed below, plus guidance on developing a narrative report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>SITES and RHITES IPs</td>
</tr>
<tr>
<td>Target Users</td>
<td>IPs and SITES</td>
</tr>
</tbody>
</table>
| Overview | **KPIC list**: A list of all KPICs generated and looked up by the app (sortable by SEP, user, and type of use).  
**Mobility report**: Monitor movements across the different SEPs by tracking when a client’s KPIC was found and used in the system.  
**Deduplication reports**: View reports on potential duplications due to KPIC not found or multiple matches discovered. |

**PROCEDURES**

Determine roles and responsibilities of each program team member

- Who is responsible for collecting and verifying information?
- Who submits reports and to whom?
- At the regional level, all district reports should be compiled by the Technical Support Units (TSU) and sent to the U.S Global AIDS Coordinator (GAC)
- At the national level, lead implementing organizations should submit quarterly reports to the GAC

**Report Types:**

**KPIC List**: List of all KPICs generated and search up by the user in the KPIC System; it can easily be filtered by service entry point, user, type of usage if a user wants to filter KPICs only generated or the ones search.

**Mobility Report**: Track on KPICs movements across the different service entry points by tracking when their KPIC was found and used in the system, this report can be used for tracking client movement. Note that the mobility report does not integrate with the KP Tracker, so anytime a client enters a facility and provides their KPIC, instead of the personal information used to search the KPIC (via the KPIC site), the mobility will not be tracked.

**Deduplication Reports**: View reports on potential duplications due to KPIC not found, when multiple matches are discovered or when a service provider indicates the KPIC as a possible duplicate (due to there being uncertainty about whether the client had an existing KPIC). KPIC admins will be able to edit multiple matches and reassign KPIC data. *Currently, resolving deduplication is a manual process, but the list provided offers a starting point.*
SOP 9: Quality Assurance and Quality Improvement (QA/QI) in UIC Generation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To describe and provide standard guidelines for instituting and implementing QA/QI systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>RHITES IPs, G2G mechanisms, USAID IPs, and facilities</td>
</tr>
<tr>
<td>Target Users</td>
<td>Program managers, M&amp;E officers, program officers, peer leaders, case managers, support staff, and donors/funding agencies</td>
</tr>
<tr>
<td>Overview</td>
<td>QA/QI is a way to establish standards for KPIC generation and use. This includes clinical protocols and guidelines, program and administrative SOPs, and their consistently use as a basis for assessing performance and service delivery. It includes all the actions taken to improve healthcare and provide support that enables KPs to receive consistent and high-quality HIV services. This SOP describes the steps required to integrate QA/QI into the design and implementation of programs for KPs.</td>
</tr>
</tbody>
</table>

PROCEDURES

Establish quality assurance and improvement teams (QAIT)

QAITs for the KPIC generation should be established at the district, regional, and national levels. The personnel who will comprise the QAIT should have training, expertise, and interest in QA/QI, preferably from the M&E units of implementing organizations, or should be QA/QI experts.

- Identify and set up the QAIT and assign responsibilities. For example:
  - Executive director to assume overall responsibility
  - Project officers/supervisors/program managers to act as the point persons and oversee adherence to established SOPs for each activity at the district, regional, and national levels
  - Other staff and volunteers to be trained on existing SOPs to ensure implementation of specific activities according to SOPs

- Conduct an orientation and training workshop to build the capacity of the QAIT to implement the SOPs, assess and monitor quality based on the activity SOP, and to take appropriate measures to improve performance and achieve standards

- The regional and national QAITs should undertake quarterly QA/QI activities and review reports from conducted visits

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4 At the national level, the MOH and the Technical Working Group oversee QAIT activities.
Operationalize existing SOPs by conducting workshops/trainings to disseminate SOPs to relevant implementation staff

Quality assurance monitoring

- Periodically review, assess, and monitor activities for adherence to SOPs, guidelines, and protocols. Reviews may include various forms of communication channels such as email, SMS, phone calls, and site visits.
- Develop a schedule for assessing the quality of interventions/services using checklists. To be most effective, these meetings and field visits should be conducted regularly, using standardized quality assurance mechanisms developed specifically for KPs.
- Integrate KPIC quality assurance monitoring into existing quarterly meetings.
- Conduct site visits to verify reports presented at program review meetings and to ascertain the quality of services provided at different sites:
  - Select the site to be visited based on set criteria.
  - The site visited should be changed for each review, unless a specific site is of particular interest (e.g., specific best practices or recurrent challenges are noted).
  - Develop a checklist (use GAC and National AIDS Control Program QA checklists where they exist) and use it during the visit to enable evaluators to easily describe the nature of the program/problem and location.
  - Start the process by preparing the scene (geographical site, exact location of activities).
  - Prepare a draft program review agenda and share with key partners for review and finalization.
  - Organize follow-up to the location of the visit to ensure that the necessary groundwork has being successfully carried out. This includes courtesy call on key stakeholders and a write up on the geographical site, location of the activity, some previous and current work of clients being visited, etc.
  - Prepare the “scene setter” or a brief description of the site to be visited.
  - Share s brief description with team members to finalize action on other forms of communication via e-mail or SMS that may be used as part of the review process. Communicate achievements and shortfalls to all staff involved.
  - Develop action plans with deadlines and follow up to ensure that findings and shortfalls from assessments are addressed.
  - Plan for subsequent program/service review and assessments.

Quality improvement system

- Identify explicit improvement aim and objectives
- Develop measurement system
  - Identify national standards to be used as guideposts
  - Identify a few indicators that will be collected on a regular basis
  - Collect data from select sites
  - Collate results
- Analyze results and generate ideas for change/ improvement
- Test and implement the system change
SOP 10: Partner Coordination and Engagement for KPIC Generation Process

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Coordinate different funders of KPIC activities in Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>SITES</td>
</tr>
<tr>
<td>Target Users</td>
<td>Development partners, NGOs, and government</td>
</tr>
<tr>
<td>Overview</td>
<td>There are many funding agencies for KP programming. This SOP intends to harmonize donors and development partners to improve field-level coordination.</td>
</tr>
</tbody>
</table>

PROCEDURES

Identify different stakeholders’ roles and responsibilities and/or partners needed for the smooth functioning of the entire KPIC activity both in government and the interagency space

- These partners should include those whose focus will be on social engagement, social accountability, legal issues, human rights, etc. at all levels (national, regional, and district).
- Procedures should include identification of stakeholders and partners and provision of coordination guidelines among these stakeholders and/or partners.
- Form the coordinating teams.
- Nominate leaders.

Review each stakeholder’s workplan (goals, objectives, and activities) to identify areas of collaboration and coordination

- The review will ensure technical quality, appropriateness of interventions, and will seek to avoid overlap.

Collate and disseminate the reports, minutes, service statistics, and issues concerning KP from implementers

- Share with stakeholders.

Institute quarterly coordination meetings

- Specify the rationale, agenda, and objectives of the coordination meeting.
- Assign follow-up on the action points with team members and ensure updates of these action points form part of the agenda for the next meeting.

Coordination at the national level

- At the national level, SITES is responsible for coordination. Coordination will be done through the RHITES IPs and other stakeholders from the interagency space.
▪ Participants should be drawn from SITES, governmental agencies, and nongovernmental agencies who are working with KPs, such as the National AIDS Control Program, Uganda Police Service, Uganda Prisons Services, stakeholders from development partners, faith-based organizations, and community-based organizations.

▪ Review terms of reference of KPIC Technical Working Group (TWG) annually and amend (if required) to facilitate coordination of strategy.

▪ The frequency of meetings should be at least bi-annual.

**Coordination at the regional level**

▪ Participation should be decided by the regional IP coordinating body of SITES. This should include governmental institutions, NGOs, and regional representatives of the participants at the national level, as applicable.

▪ Regional-level or district-level implementers should be invited to participate.

▪ The meetings should focus on the implementation of the KPIC at the regional level and the level of program implementation, as well as achievements by stakeholders and implementers. It should provide a platform for stakeholders to present their achievements.

▪ Quarterly meetings are recommended. However, these meetings can be linked to other meetings for HIV coordination at the regional level. Ensure that KP-focused interventions are fully discussed.

**Coordination at the district level**

▪ Participants should be selected by the district coordinating body of the district health office in collaboration with the district health management team and the regional IPs.

▪ The meetings should focus on the coordination of KPIC activities focused on KPs and the implementation of the activity and progress towards achieving the objectives at the district and regional levels.

▪ Hold meetings on a quarterly basis.
SOP 11: Clinical and Outreach Coordination in the KPIC Generation Process

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Coordinate the clinical functional of the facility and UIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Responsibility</td>
<td>RHITES IPs and facilities</td>
</tr>
<tr>
<td>Target Users</td>
<td>Counsellors, clinicians, data entry staff, and KP tracker manager at the facility</td>
</tr>
<tr>
<td>Overview</td>
<td>The UIC is used to provide services to the KPs. Since the UIC is used to locate the service forms and files for clients, the coordination and security of how the UIC is used to give services to KPs is very important, especially to the security of the KP and the provision of the correct services.</td>
</tr>
</tbody>
</table>

PROCEDURES

Participants: The clinic team—made up of providers such as a doctor, nurse, counsellor, and laboratory technician and the outreach team—with each NGO/civil society organization represented by either the field staff, case managers, or the peer leaders. The project coordinator should participate as much as possible.

Frequency: Coordination meetings should be held once a month. Time and date should be fixed for the same time each month, if possible.

Location: In the drop-in centers (DICs), health facility, or any other convenient location/site.

Purpose of the meeting: The purpose is to:

- Discuss if the service delivery site is strategically positioned to meet KP needs
- Discuss follow-up of KPs, e.g., to provide treatment, monitor compliance with treatment, monitor progress of disease, and follow up on referrals made
- Answer medical queries coming up in the field that cannot be answered by the outreach staff
- Provide feedback to the clinic, as well as the outreach teams, to improve services
- Determine the acceptability and effectiveness of counseling messages
- Strategize for the forthcoming weeks to improve coverage and quality of services
- Provide updates on referrals for discussion during these meetings
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