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Maternal and Child
Survival Program

HIV Index Testing and Partner Services: A Training Course for HIV Testing Providers

Learner's Workbook



The Maternal and Child Survival Program (MCSP) is a global United States Agency for International Development (USAID) initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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This LRP was developed as a modular training that can be implemented as one complete training or in modular form over time. The modules and resources in this LRP are adaptable to each county’s local context and guidelines. Index Testing and Partner Services, also referred to as index testing or index case testing, is an evolving strategy. It is expected that these documents will be updated over time to integrate best practices and lessons learned.

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Abbreviations

| | |
|-------|--|
| ART | antiretroviral therapy |
| HTS | HIV testing services |
| HIVST | HIV self-testing |
| IPV | intimate partner violence |
| KP | key population |
| KVP | key and vulnerable population |
| LRP | learning resource package |
| M&E | monitoring and evaluation |
| MCSP | Maternal and Child Survival Program |
| PLHIV | people living with HIV and AIDS |
| PMTCT | prevention of mother-to-child transmission of HIV |
| PrEP | pre-exposure prophylaxis |
| USAID | United States Agency for International Development |

Course Overview

Welcome to the HIV Index Testing and Partner Services course. We are confident that this course will help you acquire the knowledge and develop the skills you need to provide index testing and partner services (or index testing) competently and confidently to reach partners of people living with HIV with HIV testing services (HTS).

Partner notification is a voluntary process where trained service providers ask HIV-positive index clients about their sexual partners, their drug-injecting partners, and their children. Then with the consent of the HIV-positive index client, the service provider offers these partners (and children, where applicable) voluntary HIV testing.

This training course is designed for HIV testing providers working in health facilities and community HTS settings. The course builds on each learner's past knowledge and experience, and takes advantage of the individual's high motivation to accomplish the learning tasks in a minimum amount of time. Training emphasizes **doing**, not just knowing, and uses **competency-based evaluation** of performance.

Key features of this course:

- This course may be conducted at a central site for multiple learners from different locations, or at a health facility or community HTS site with providers from that site.
- The course content is divided into modules. These modules may be presented as part of a traditional group-based training course or delivered as individual modules over an extended period of time.
- Training sessions focus on using a solution-focused model and drawing on practical counseling and communication skills to provide index testing and partner services.
- The model for providing index testing and partner services is presented in eight easy-to-follow steps: the first four steps focus on obtaining partner and child information from the index client; and the last four steps focus on notifying and testing partners and children.
- Progress on learning the recommended steps is documented using the index testing and partner services learning guide, performance checklist, and visual checklist during course sessions and on the job after training.
- Successful completion of the course is based on mastery of both the content and skill components.

Course Modules

The content of this course is presented in modular format so that the course can be tailored to the needs of the learners. The first four modules are considered the core modules; they cover all the information that a provider must understand to deliver index testing and partner services to clients. The first four modules are listed below:

- Module 1: Overview of Index Testing and Partner Services
- Module 2: Enhanced Communication and Counseling Skills
- Module 3: Steps 1–4: Engaging the Index Client
- Module 4: Steps 5–8: Notifying and Testing Partners

The five remaining modules are considered advanced; they cover topics that an index testing and partner services program will need to address as it expands and providers have more experience delivering the services. These modules may be helpful for program management staff as well as providers. These modules include:

- Module 5: Gender and Intimate Partner Violence in Index Testing Services
- Module 6: Monitoring and Evaluation of Index Testing Programs
- Module 7: Quality Improvement for Index Testing Programs
- Module 8: Index Testing and Partner Services for Key and Vulnerable Populations
- Module 9: Integration of Index Testing and HIV Self-Testing

Module 1 presents an overview of index testing and partner services that may be useful on its own for program management staff, providers who will not deliver index testing and partner services but who work with clients, support staff, or anyone who would benefit from understanding the importance of reaching partners of people living with HIV through partner notification. It can be delivered as a standalone module for this purpose. However, all of the modules are tailored to meet the needs of providers who will be delivering services, and providers who deliver index testing and partner services should complete them all.

Course Materials and Supplies

The primary materials you will receive during this course include:

- Learner’s Workbook
- Hard copies of the following job aids to use in clinic:
 - Options for Notifying Your Partner about Your HIV
 - Disclosure Plan for Telling Your Partner about Your HIV

Course Evaluation

This course is designed to prepare you to provide HIV index testing and partner services. The course facilitators will determine whether you are qualified to provide index testing and partner services based on whether you have met the requirements of the course in knowledge and skills. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification in this course is based on your achievement in two areas:

- **Knowledge**—Successful completion of the knowledge assessment
- **Skills**—Satisfactory performance on providing index testing and partner services during course role-plays and on the job after training

Key Terms and Definitions

This training course might involve terms that are new to you. Below are a few key terms with brief definitions.

Mastery learning: This approach to learning and training assumes that all learners can master (learn) the required knowledge, attitudes, and skills provided sufficient time is allowed and appropriate learning methods are used. The goal of mastery learning is that 100 percent of those completing the course will master the required knowledge and skills.

Competency-based: Assessment is keyed to the course objectives, and the learner moves through the course based on demonstrating that he or she is competent at performing the required skills.

Coach: The course facilitator assumes a coaching role when working one-on-one with learners to develop skills.

Facilitator: The person training or coaching learners in the course is the facilitator. Facilitators must have effective communication and presentation skills and should be subject matter experts in the content being delivered so they can draw on their own knowledge and experience during the course.

Knowledge assessment or evaluation: Assessment or evaluation of knowledge during a course is used to determine the success of learners in achieving the course objectives.

Learning guide: Course participants use this tool when initially learning the steps in the provision of index testing and partner services.

Performance checklist: Course participants use this tool to facilitate learning the steps in providing index testing and partner services and to evaluate their skill performance.

Visual checklist: The provider uses this tool when providing index testing and partner services. It contains images and key words for each step on the performance checklist.

Transfer of learning: This process involves specific activities before, during, and after the course that help ensure that learners are able to competently perform specific skills on the job.

Course Description

This course is designed to prepare service providers to provide HIV index testing and partner services. It can be conducted at a central site (e.g., health facility, training center, hotel) over 3 days or, using a modular approach, at a health facility over a period of several weeks.

Course Goal

The goal of this course is to prepare HIV testing providers to deliver high-quality index testing and partner services, which aim to break the chain of HIV transmission by identifying partners of people living with HIV who may be at high risk for HIV infection, offering them voluntary HIV testing, and linking them with appropriate treatment, care, support, and prevention services based on their results.

Learning Objectives

By the end of this course, the learner will be able to:

- Introduce index testing and partner services to index clients and partners.
- Demonstrate enhanced communication and counseling skills for talking with index clients and partners.
- Demonstrate the four steps to take to engage the index client and obtain information about their partners and children.
- Demonstrate the four steps to take to notify partners and offer them voluntary HIV testing.
- Demonstrate an understanding of the role of gender and intimate partner violence in providing index testing and partner services.
- Monitor and evaluate index testing programs.
- Apply quality improvement processes to index testing programs.
- Provide index testing and partner services for key and vulnerable populations.
- Integrate index testing and HIV self-testing.

Training/Learning Methods

This training course will include the following learning methods:

- Interactive presentations
- Demonstrations
- Group discussions
- Individual and group exercises
- Role-plays and simulations
- Case studies
- Coaching during course sessions

Learner Selection Criteria

Learners for this course should be trained and certified HIV testing providers or other health care providers who work with HIV-positive index clients in facility- or community-based HIV programs and who are responsible for providing HIV index testing and partner services.

Suggested Course Composition

This course is designed for one facilitator to demonstrate, coach, and assess skill performance for eight to 10 learners. Facilitators should aim to have no more than 24 learners in one training course. The larger the group, the more difficult it becomes to support skill practice and monitor learner competence, and the longer it may take to complete the course.

Course Schedule

The course requires just over 2.5 days to complete. Depending on the number and location of the course participants, your facilitator might conduct the course using one of the following schedules:

- Three-day schedule in one location, focusing on completing all nine modules consecutively (see standard 3-day course schedule below)
- Three-day schedule in one location, with the 3 days separated by a period of time (e.g., three consecutive Saturdays): This option is preferable only when the training is held near the health facility or community site where learners work.
- A modular or low-dose, high-frequency approach at a health facility or community site over a period of several weeks, with learners meeting for short periods to review and discuss individual modules (see sample modular schedule below): This option is preferable when all of the course participants work in the same facility or immediate area.

Standard Three-Day Course Schedule

Table 1. Standard three-day course schedule

| Day 1 | Day 2 | Day 3 |
|---|--|--|
| <p>Course Overview (9:00 a.m.)</p> <ul style="list-style-type: none"> • Welcome • Introductions • Course Overview, Syllabus and Schedule • Course Materials • Expectations <p>9:30 a.m.: Module 1: Overview of Index Testing and Partner Services</p> <p>11:00 a.m.: Break</p> <p>11:15 a.m.: Module 1: Overview of Index Testing and Partner Services</p> <p>11:50 a.m.: Module 2: Enhanced Communication and Counseling Skills</p> <p>1:40 p.m.: Module 3: Steps 1-4: Engaging the Index Client</p> | <p>Warm-up and Day's Agenda (9:00 a.m.)</p> <p>9:15 a.m.: Module 4: Steps 5-8: Notifying and Testing Partners</p> <p>11:00 a.m.: Break</p> <p>11:15 a.m.: Module 4: Steps 5-8: Notifying and Testing Partners</p> <p>12:15 a.m.: Module 5: Gender and Intimate Partner Violence in Index Testing Services</p> <p>1:45 p.m.: Module 6: Monitoring and Evaluation of Index Testing Programs</p> | <p>Warm-up and Day's Agenda (9:00 a.m.)</p> <p>9:15 a.m.: Module 8: Index Testing and Partner Services for Key and Vulnerable Populations</p> <p>11:00 a.m.: Break</p> <p>11:15 a.m.: Module 9: Integration of Index Testing and HIV Self-Testing</p> <p>1:15 a.m.: Course Closing</p> <ul style="list-style-type: none"> • Knowledge Assessment • How will you apply your new knowledge and skills? • Course Evaluation • Closing |
| Lunch (2:00 p.m.-3:00 p.m.) | Lunch (2:00 p.m.-3:00 p.m.) | Lunch (2:00 p.m.-3:00 p.m.) |

| | | |
|---|--|--|
| <p>3:00 p.m.: Module 3: Steps 1-4: Engaging the Index Client</p> <p>4:00 p.m.: Break</p> <p>4:15 p.m.: Module 3: Steps 1-4: Engaging the Index Client</p> <p>5:30 p.m.: Summary</p> | <p>3:00 p.m.: Module 6: Monitoring and Evaluation of Index Testing Programs</p> <p>4:00 p.m.: Break</p> <p>4:15 p.m.: Module 7: Quality Improvement for Index Testing Programs</p> <p>5:30 p.m.: Summary</p> | |
|---|--|--|

Modular Schedule

The schedule shown in Table 2 shows the approximate amount of time required for each of the modules when delivered over a period of weeks. Your facilitator will indicate the days and times when course sessions will be conducted.

Table 2. Sample Modular Schedule

| | Module 1 | Module 2 | Module 3 | Module 4 | Module 5 | Module 6 | Module 7 | Module 8 | Module 9 |
|---------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Week 1 | 2:00-4:35 p.m.* | | | | | | | | |
| Week 2 | | 2:00-3:50 p.m. | | | | | | | |
| Week 3 | | | 2:00-4:35 p.m. | | | | | | |
| Week 4 | | | | 2:00-4:45 p.m. | | | | | |
| Week 5 | | | | | 2:00-3:30 p.m. | | | | |
| Week 6 | | | | | | 2:00-3:15 p.m. | | | |
| Week 7 | | | | | | | 2:00-3:15 p.m. | | |
| Week 8 | | | | | | | | 2:00-3:45 p.m. | |
| Week 9 | | | | | | | | | 2:00-4:30 p.m.** |

* 30 minutes for course overview and 125 minutes for Module 1

** 105 minutes for Module 9 and 45 minutes for course closing

Module I: Overview of Index Testing and Partner Services

There are three sections within this module:

1. Introduction to Index Testing and Partner Services
2. Key Characteristics and Approaches of Partner Notification
3. Introduction to Delivering Index Testing and Partner Services

Learning Objectives:

After section 1, you will be able to:

- Explain the rationale for implementing index testing and partner services
- Define index testing and partner services and explain why it is important
- Identify the goal of partner notification

After section 2, you will be able to:

- Define the key characteristics of index testing and partner services
- Identify the four approaches for delivering index testing and partner services
- Define confidentiality and shared confidentiality
- Identify the difference between anonymous and confidential notification

After section 3, you will be able to:

- Identify when and where index testing and partner services should be offered
- Address challenges and fears of partner notification
- Identify and address potential risks of partner notification

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be small-group activities, discussions, case studies, and role-plays during this module. The instructions for the activities appear on the presentation slides.

Module 2: Enhanced Communication and Counseling Skills

Objective: After completing this module, you will be able to demonstrate enhanced communication and counseling skills for talking with index clients and partners.

Learning Objectives:

To achieve the module objective, you will:

- Introduce the solution-focused approach to index testing and partner services.
- Identify essential communication and counseling skills for index testing and partner services providers.
- Identify common barriers to effective communication in index testing and partner services.
- Identify characteristics of successful index testing and partner services providers.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be many discussions and reflections during this module. The instructions for the activities will appear on the presentation slides.

Module 3: Steps 1–4: Engaging the Index Client

Objective: After completing this module, you will be able to demonstrate the four steps to engage the index client and obtain information about their partners and children.

Learning Objectives:

To achieve the module objective, you will:

- Review steps 1–8 for index testing and partner services.
- Identify process for delivering steps 1–4 of index testing and partner services.
- Demonstrate the delivery of steps 1–4 of index testing and partner services.
- Demonstrate skills for supporting clients to identify which index testing and partner services approach will work best for them.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, case studies, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 4: Steps 5–8: Notifying and Testing Partners

Objective: After completing this module, you will be able to demonstrate the four steps to notify partners and offer them voluntary HIV testing.

Learning Objectives:

To achieve the module objective, you will:

- Review all steps for index testing and partner services.
- Identify tasks for delivering steps 5–8 of index testing and partner services.
- Demonstrate the delivery of steps 5–8 of index testing and partner services.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 5: Gender and Intimate Partner Violence in Index Testing Services

Objective: After completion of this module, the learner will be able to demonstrate an understanding of the role of gender and intimate partner violence in providing index testing and partner services.

Learning Objectives:

To achieve the module objective, you will:

- Demonstrate an understanding of gender dynamics in the context of implementation of index testing and partner services.
- Demonstrate skills for routine screening for intimate partner violence (IPV) as part of index testing and partner services.
- Identify strategies for addressing risk of IPV.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 6: Monitoring and Evaluation of Index Testing Programs

Objective: After completing this module, you will be able to demonstrate an understanding of monitoring and evaluation of index testing programs.

Learning Objectives:

To achieve the module objective, you will:

- Demonstrate an understanding of program monitoring
- Demonstrate an understanding of program evaluation
- Identify index testing tracking indicators
- Use cascades to monitor the quality of index testing

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 7: Quality Improvement for Index Testing Programs

Objective: After completion of this module, the learner will be able to apply quality improvement processes to index testing programs.

Learning Objectives:

To achieve the module objective, you will:

- Identify principles of quality improvement.
- Apply best practices of supportive supervision and mentoring.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 8: Index Testing and Partner Services for Key and Vulnerable Populations

Objective: After completion of this module, the learner will be able to provide index testing and partner services for key and vulnerable populations.

Learning Objectives:

To achieve the module objective, you will:

- Define key and vulnerable populations
- Perform a key population classification assessment
- Identify the unique characteristics of providing index testing and partner services with key and vulnerable populations
- Identify strategies for implementing high-quality index testing and partner services with key and vulnerable populations

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Module 9: Integration of Index Testing and HIV Self-Testing

Objective: After completion of this module, the learner will be able to integrate index testing and HIV self-testing.

Learning Objectives:

To achieve the module objective, you will:

- Describe why HIVST is important for closing the testing gap.
- Describe how HIVST can be used to complement index testing approaches.

Module content: The following pages include the content you will learn in this module. The content is presented in a series of slides (the same slides your course facilitator will use). You should take notes on these pages during the course presentation.

Module activities: There will be discussions, demonstrations, and role-plays during this module. The instructions for the activities will appear on the presentation slides.

Learning Guides and Checklists

The **Index Testing and Partner Services Learning Guide** contains the individual steps that are required to provide effective index testing and partner services. The learning guide is designed to help you learn the steps and the sequence in which they should be performed. In addition to the steps, the learning guide includes suggested scripts showing you what a provider might say to a client or partner. The learning guide appears on the following pages. You might want to make a copy of it before the course (i.e., if you do not want to mark up your only copy).

Use of the learning guide during the index testing and partner services course:

- Ensures that learning is based on a standardized procedure;
- Ensures that learning materials and audiovisual aids are standardized; and
- Forms the basis of trainer demonstrations as well as learner practice sessions.

Like the learning guide, the **Index Testing and Partner Services Performance Checklist** contains the individual steps that are required to effectively provide index testing and partner services. The performance checklist is designed to help you learn the steps and the sequence in which they should be performed. The primary difference between the learning guide and the performance checklist is that the checklist contains only the essential steps. It can be used as a self- or peer-assessment tool during skill practice role-plays. The performance checklist appears on the pages following the learning guide. You might want to make a copy of it before the course (i.e., if you do not want to mark up your only copy).

The **Index Testing and Partner Services Visual Checklist** is a performance support tool (or job aid) that contains images for each step in the learning guide and performance checklist. You can use the visual checklist when you are providing index testing and partner services. The images will provide a visual reminder of the steps and their sequence in the provision of index testing and partner services. Your trainer will provide you with one or more copies of the visual checklist.

You will use the learning guide, performance checklist, and visual checklist at different stages of this training course:

- Initially, you can use the learning guide and visual checklist to follow the steps as the facilitator demonstrates how to provide index testing and partner services.
- During practice sessions or role-plays, you will work in groups of three with one learner acting as a provider delivering index testing and partner services, another learner acting as a client, and a third learner acting as an observer and using the learning guide or visual checklist to prompt the provider on each step. During these sessions, the facilitator will circulate from group to group to monitor how learning is progressing and whether the providers are following the steps outlined in the learning guide.
- After you become competent in performing index testing and partner services, you can use the performance checklist to assess the performance of other learners. If time permits, the facilitator can also use the performance checklist to assess each learner for skill competency.
- After training, you can use the visual checklist on the job to demonstrate index testing and partner services to other providers at your facility and when providing services to clients. Once you become competent, you might not need to use the visual checklist.

Index Testing and Partner Services Learning Guide

Instructions: Follow the steps (and tasks within each step) and use the suggested scripts in this learning guide to learn to provide index testing and partner services.

| Step/Task | Part I: Engaging the Index Client |
|--|--|
| <p>STEP I: Introduce partner notification to the index client and obtain consent.</p> | |
| <p>Using the Talking Points for Providers job aid, complete section I of the Index Client Intake Form.</p> | |
| <p>I.1</p> | <p>Introduce index testing and partner services to the index client.</p> <ul style="list-style-type: none"> “As we previously discussed, now that we know your HIV status, I would like to talk to you about how I can help you notify and test your partners and children using a new service called partner notification. Is that ok with you?” <p>Use the Talking Points for Providers job aid.</p> |
| <p>I.2</p> | <p>Explain the importance of ensuring that all partners get tested for HIV.</p> <ul style="list-style-type: none"> “It is important to offer testing to all your partners and children who are at risk of having HIV so that they can access HIV treatment if they are also HIV-positive and make a plan to stay HIV-free if they are HIV-negative.” |
| <p>I.3</p> | <p>Inform the index client why you are offering index testing and partner services.</p> <ul style="list-style-type: none"> “We are offering index testing and partner services because we know it can be difficult to disclose your HIV status to your partners. Through this approach, you may choose to disclose your HIV status to your partners and offer them testing yourself, or you may choose to have us notify your partners anonymously so that they don’t know your HIV status. We will also help identify the best ways of testing your children.” |
| <p>I.4</p> | <p>Explain the process of partner notification, starting with listing partner/child names.</p> <ul style="list-style-type: none"> “First, I will ask you to list the names of all the people you’ve had sex with who might be at risk of HIV, including your spouse or main partner and any casual partners you may have had in the last year. I will also ask you to list the names of anyone you have shared needles with in the last year. Then, for each partner you list, I will ask for more details so that we can identify the best way of notifying them and offering them HIV testing. Finally, we will discuss testing for any of your children who are at risk and who need an HIV test.” |
| <p>I.5</p> | <p>Inform the client that there are four options for notifying their partners. Use the Options for Notifying Your Partner about Your job aid to explain the four options.</p> <ul style="list-style-type: none"> “There are four main ways to notify your partners. For each partner you list, we will identify the best approach for notifying them and offering them testing. <ul style="list-style-type: none"> The first approach is client referral—you can contact the partner(s) yourself, letting them know they should be tested for HIV. The second approach is contract referral—you can agree to notify your partner within 30 days, but if you are not successful within 30 days or your partner does not come in for HIV testing in 30 days, then we will notify your partner for you, with your permission. The third approach is provider referral—we can contact your partners anonymously without telling them your name or HIV status. The fourth approach is dual referral—we can identify a time and place for notifying your partner together. (Sometimes it helps to have a provider present when you are disclosing to your partner.) Or we can offer HIV testing to you and your partner as a couple. You would be tested together and learn your results at the same time.” |

| Step/Task | Part I: Engaging the Index Client |
|--|---|
| 1.6 | Reinforce confidentiality, voluntariness, and continuity of service delivery. <ul style="list-style-type: none"> • “With our index testing and partner services, all information is kept confidential. This means we will not tell your partners your name or test results, and we will not tell you the HIV test results of any of your partners. • We will not contact your partner(s) without getting your permission first. • You will continue to receive the same level of care at this health facility, regardless of whether you choose to participate in partner notification or not.” |
| 1.7 | Answer any questions that the index client might have and obtain verbal consent to continue. <ul style="list-style-type: none"> • “What questions do you have for me about partner notification?” • Can we proceed?” |
| 1.8 | Complete section 1 of the Index Client Intake Form and record contact information for the index client. <ul style="list-style-type: none"> • “As we proceed, I will just need to note some basic information in case I need to contact you again after today.” |
| STEP 2: Obtain a list of all partners who may be at risk for HIV infection. | |
| Complete section 2 of the Index Client Intake Form . | |
| 2.1 | Ask the index client to tell you the names and contact information of their partners and other persons they have had sex with who might be at risk. <ul style="list-style-type: none"> • “I would like to make a list of all the partners you have had in the last 12 months who might be at risk of HIV. This includes your spouse or main partner and anyone else you have had sex with, including casual partners and even people you only had sex with one time. • Let’s start with your spouse or main partner. Can you tell me their name?” • Who else have you had sex with in the last year?” • Maybe it would be easiest to start with the last person you had sex with, and we can work back from there. Who was the last person you had sex with?” <p>If the client injects drugs, ask that they also tell you the names and contact information for any persons they have shared needles with.</p> <p>Assign each partner a unique code and record all partner names on section 2 of the Index Client Intake Form.</p> |
| STEP 3: For each listed partner, record contact information, screen for intimate partner violence (IPV), and determine the preferred notification method. | |
| Record contact information, results of IPV screening, and preferred notification method on section 3 of the Index Client Intake Form . Record this information for each listed partner. | |
| 3.1 | Inform the client that you will now ask for information about each of the partners they listed. <ul style="list-style-type: none"> • “Now, for each of the partners that you listed, I would like to ask some additional questions. This will help us identify the best way to reach them with HIV testing. Remember, we will not contact your partners without your agreement first, and we will not give them any of your personal information without your explicit consent.” <p>Complete tasks 3.2 through 3.5 for the client’s spouse or main partner and then proceed to the next partner on the list, until you have completed these steps for each partner listed.</p> |
| 3.2 | Obtain the partner’s contact information. <ul style="list-style-type: none"> • “Let’s start with your spouse or main partner. • What is a phone number where we can reach this partner?” • What is this partner’s home address?” • (If no home address is available, ask, “Where does this person hang out? Where could we find this person in the community?”) • “Is there any other information that would help us locate this person, with your agreement?” |

| Step/Task | Part I: Engaging the Index Client |
|-----------|--|
| 3.3 | <p>Continuing with the same partner, screen for IPV.</p> <ul style="list-style-type: none"> • “I want to ask you a few questions about your risk of violence with this partner. This is a sensitive subject that can be difficult for some people to talk about. My goal is to make sure you are safe, and this information can help us determine whether it is safe to notify your partner and the best way of notifying them so that you stay safe. <ul style="list-style-type: none"> • Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you? • Has [partner’s name] ever threatened to hurt you? • Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?” |
| 3.4 | <p>Based on the results of the IPV screening questions, explore options for notification while prioritizing the index client’s safety.</p> <p>If the client answers yes to any of the IPV screening questions:</p> <ul style="list-style-type: none"> • “I heard you say that this partner has [hurt] you in the past. With this in mind, how do you feel about notifying this partner and offering them testing? <ul style="list-style-type: none"> • Do you think it is important that this partner is tested for HIV? • Can you think of any ways of notifying this partner that would not put you at risk for more [violence]?” • If the index client does not feel safe using one of the four partner notification options, offer alternative approaches to traditional partner notification: <ul style="list-style-type: none"> • “Some people prefer an approach such as anonymous household testing, where we bring HIV testing to the neighborhood where your partner lives or hangs out, and test multiple houses and people in that area. • Or we could test you and your partner together as a couple. You would both be tested and learn your status together with a trained provider to help mediate any potential tension and diffuse blame. • Do you want to explore either of these approaches for notifying your partner?” • If the client feels that they will not be safe if you contact the partner, offer additional counseling and/or referrals to IPV services where available. <ul style="list-style-type: none"> • “Since you do not feel that you will be safe if we notify and test your partner right now, I would like to link you to [service name/location]. They offer support and additional counseling for persons who have experienced violence from their partners. • You can also return to me at any time if you change your mind and want help notifying this partner.” <p>If the client answers no to all of the IPV screening questions:</p> <ul style="list-style-type: none"> • “I heard you say that you have not experienced violence with this partner. Based on this information, I’d like to talk about how we can notify this partner and offer them HIV testing.” |
| 3.5 | <p>Identify the preferred notification method for this partner. Review the four options for partner notification using the Options for Notifying Your Partner about Your HIV job aid.</p> <ul style="list-style-type: none"> • “Remember there are four main approaches that we can use to notify this partner—you can notify this partner yourself (client referral); you can come up with a date by which to notify your partner, and then I can help if you are not able to do so (contract referral); I can notify this partner myself (provider referral); or we can make an appointment for notifying this partner together (dual referral). • Which of these approaches would you like to use for notifying this partner?” |

| Step/Task | Part 1: Engaging the Index Client |
|--|---|
| 3.6 | <p>Answer any questions the index client may have and repeat steps 3.2 through 3.5 for each partner listed.</p> <ul style="list-style-type: none"> • “Now that we have identified your preferred notification method for this partner, what questions do you have for me?” • Let’s move on to the next partner you listed. I’ll ask you the same questions for each partner on this list.” <p>Record partner contact information, results of IPV screening questions, and preferred notification method for each partner on section 3 of the Index Client Intake Form.</p> |
| <p>STEP 4: Obtain a list of all children under 12 years old who might be at risk for HIV infection and agree on how child(ren) will be tested.</p> <p>Record demographics and testing method on section 4 of the Index Client Intake Form. Complete one line for each child.</p> | |
| 4.1 | <p>Ask the client to tell you the name, age, and sex of all children who might be at risk and need to be tested.</p> <ul style="list-style-type: none"> • “Now I would like to make a list of any children you have who might be at risk of having HIV. We are mainly focused on children less than 12 years old who may have been infected biologically. This includes any of your children whose HIV status you don’t know. Can you tell me the name, age, and sex of your children who are less than 12 years old?” <p>Assign each child a unique code and record all information on section 4 of the Index Client Intake Form.</p> |
| 4.2 | <p>Identify the preferred testing method for each child listed.</p> <ul style="list-style-type: none"> • “For each of the children you listed, I would like to identify the best way of getting them tested. I can come to your home and test the children there, or we can make an appointment for you to bring the children here. If neither of these approaches is good, we can find a different way of getting them tested. • What method would you like to use to get your children tested? • What date/time would be good for getting your children tested?” <p>Record testing appointment details on section 4 of the Index Client Intake Form.</p> |
| 4.3 | <p>Once you have collected the information for each partner and child listed, close the session and link the index client with other necessary services, as indicated.</p> <ul style="list-style-type: none"> • “Thank you for taking the time to talk with me today about your partners and children. It is clear that you care a lot about them because you are identifying ways of notifying them of their risk and offering them HIV testing. • We will proceed with the notification approaches we agreed on today, and we will stay in communication as needed. • Please feel free to return to me at any time if you have questions or concerns, or if you identify another partner who would benefit from notification. • Now I will link you with the other services we identified.” |

| Step/Task | Part 2: Notifying Partners |
|---|---|
| <p>STEP 5: Contact each named partner using the selected approach; notify and offer HIV testing.</p> | |
| <p>5a: Client Self-Referral</p> | |
| 5a.1 | <p>Review the Disclosure Plan for Telling Your Partner about Your HIV.</p> <ul style="list-style-type: none"> • “I would like to develop a plan to help you talk with your partner about HIV. Let’s review the steps in this plan now.” |

| Step/Task | Part 2: Notifying Partners |
|------------------------------|---|
| 5a.2 | <p>Allow the index client to practice disclosing to their partner until they feel confident they can tell their partner.</p> <ul style="list-style-type: none"> • “I would like you to practice disclosing to your partner until you are comfortable using the language that you will use with your partner. • Let’s pretend that I am your partner, and you practice telling me about your HIV.” |
| 5a.3 | <p>Brainstorm questions the client’s partner might ask and develop possible responses.</p> <ul style="list-style-type: none"> • “What questions do you think your partner might ask you when you tell them about your HIV? • What responses will you give to these questions? • Let’s practice again. I will pretend that I am your partner and I will ask you these questions, and you will practice responding.” |
| 5a.4 | <p>Give index client the Partner Referral Slip, which explains why it is important for the partner to get tested for HIV and includes information on where and how to get tested.</p> <ul style="list-style-type: none"> • “This referral slip has information about why it is important for your partner to be tested for HIV, and where and how they can get tested. • When you are talking with your partner, you can give them this referral slip, which they should bring in with them when they come for HIV testing.” |
| 5a.5 | <p>Consider making an appointment with the index client in 1 month to follow up and confirm that the partner has been tested.</p> <p>“I would like to follow up with you in 30 days to find out if you’ve been able to notify your partner and get them tested. Would you like to come back to the facility in 1 month, or would you like me to contact you in another way?”</p> <p>Record the outcome on section 1 of the Notification Outcomes Form.</p> |
| 5b: Contract Referral | |
| 5b.1 | Follow the same steps as for the Client Self-referral section (section 5a, above). |
| 5b.2 | <p>Identify a date no more than 30 days from today’s date by which the client agrees to notify and refer their partner for HIV testing.</p> <ul style="list-style-type: none"> • “I can see on the calendar that 30 days from now is [insert date]. You have agreed to notify your partner and refer them for HIV testing by this date—is that correct?” <p>Record the contract date on section 3 of the Index Client Intake Form.</p> |
| 5b.3 | <p>Remind the client that if their partner does not come for an HIV test by that date, you will call to get his or her permission to contact the partner(s) directly.</p> <ul style="list-style-type: none"> • “If your partner does not come for an HIV test by this date, I will call you to get your permission to notify your partner directly. • You can also return before that date if you change your mind or want help sooner.” |

| Step/Task | Part 2: Notifying Partners |
|------------------------------|---|
| 5b.4 | <p>After 30 days have passed, call the index client and determine if the partner has been tested, and conduct notification as necessary.</p> <ul style="list-style-type: none"> • “Hello [index client name], this is [provider name]. As we agreed, I am calling you after 30 days to find out if you have been able to notify your partner(s) and refer them for HIV testing.” <ul style="list-style-type: none"> • If the client answers yes: “Great, I’m glad to hear you were able to talk with your partner and refer them for an HIV test. Can you tell me the outcome of that HIV test?” • If the client answers no: “At this point, I would like to get your permission to contact your partner(s) myself. As we discussed, I can do this anonymously, without giving the partner any information about you or your HIV status. Do I have your permission to contact your partner(s)?” <p>If the index client gives permission to contact the partner, follow the steps for Provider Referral (section 5c, below). If the client does not provide permission to contact their partner(s), record this outcome.</p> <p>Record the notification and partner testing outcomes on section I of the Notification Outcomes Form.</p> |
| 5c: Provider Referral | |
| 5c.1 | <p>Begin contacting partner(s) via telephone using the Script for Partner Notification: Phone Call.</p> <ul style="list-style-type: none"> • Remember: Do not give any information to anyone other than the partner. • If the partner asks who might have exposed them to HIV, say, “For confidentiality reasons, I am not allowed to provide that information.” |
| 5c.2 | <p>If partner does not answer the phone, leave a message using the Script for Partner Notification: Voicemail.</p> |
| 5c.3 | <p>If you are unable to contact the partner after three phone attempts, conduct a home visit to the partner(s) at their physical address and use the Script for Partner Notification: Home Visit for this initial contact with the partner(s).</p> <p>Document the outcomes of all attempts to contact the partners on section I of the Notification Outcomes Form.</p> |
| 5d: Dual Referral | |
| 5d.1 | <p>Develop a plan for the provider and index client to notify the partner together, including where and when to notify.</p> <ul style="list-style-type: none"> • “Since you have selected dual referral for this partner, let’s talk about how you would like to notify the partner together. Would you like to bring your partner into the facility, or would you like me to come to your home or other location?” • What date would you like to [come into the facility/have me come to your home] to notify your partner together?” |
| 5d.2 | <p>Schedule an appointment for dual referral. If the appointment is at the facility, schedule an appointment and give the client the Partner Invitation for Health Services form to share with their partner.</p> <ul style="list-style-type: none"> • “Here is an invitation for health services that you can give to your partner inviting them to the facility on the date/time we agreed. If there is any problem or your partner can’t make this appointment time, please call me and we will reschedule.” <p>If the appointment is at the home:</p> <ul style="list-style-type: none"> • “I will come to your home on [this date/time] and together we will notify your partner. I will offer them an HIV test there, or they can come into the facility and be tested here.” |

| Step/Task | Part 2: Notifying Partners |
|--|---|
| 5d.3 | <p>Practice what you and the index client will say on the day of the appointment for dual referral. Use the Disclosure Plan for Telling Your Partner about Your HIV.</p> <ul style="list-style-type: none"> • “Let’s practice what we will say on the day of the dual referral appointment. Would you like to initiate the conversation, or would you like me to?” • I would like you to practice using the script until you are comfortable with what you will say when we notify your partner together. • Let’s pretend that I am your partner. You practice telling me about your HIV. Remember, on the day of the appointment I will be there—as your provider—to help you.” • What questions do you think your partner will have? How will we respond to these questions?” <p>Record the outcomes on section I of the Notification Outcomes Form.</p> |
| STEP 6: Provide services for couples based on their results; or work to support disclosure. | |
| 6.1 | <p>Deliver comprehensive HIV prevention, care, and treatment services for concordant HIV-positive and HIV-discordant couples.</p> <ul style="list-style-type: none"> • “Based on your HIV test results, I would like to talk with you about additional services that can help keep you and your family healthy.” <p>For concordant HIV-positive couples, (i.e. where both partners are HIV-positive), reinforce the importance of:</p> <ul style="list-style-type: none"> • Antiretroviral therapy (ART) and adherence counseling • Prevention of mother-to-child transmission (if pregnant) • Risk reduction counseling and condom promotion • Screening and treatment for sexually transmitted infections • Family planning services, including preconception counseling <p>For HIV-discordant couples, (i.e. where one partner is HIV-positive and the other partner is HIV-negative), reinforce the importance of:</p> <ul style="list-style-type: none"> • ART and adherence counseling for the HIV-positive partner • Pre-exposure prophylaxis for the negative partner (until HIV-positive partner has achieved viral suppression) • Male circumcision (if male is HIV-negative) • Prevention of mother-to-child transmission (if female is HIV-positive) • Repeat HIV testing of HIV-negative partner • Risk reduction counseling and condom promotion • Screening and treatment for sexually transmitted infections • Family planning services, including preconception counseling |
| 6.2 | <p>For partners who have not disclosed to one another, support them in disclosing, as appropriate. Use the Disclosure Plan for Talking with your Partner about Your HIV Status as needed.</p> <ul style="list-style-type: none"> • “I would like to support you in disclosing your HIV status with your partner(s). What are your feelings about disclosing to your partner(s)? • What do you think would be the advantages of talking with your partner(s) about your HIV status? What would be the disadvantages?” <p>Disclosure issues may be different for long-term/married couples and short-term/casual partners.</p> |

| Step/Task | Part 2: Notifying Partners |
|---|---|
| STEP 7: Using the agreed-upon approach, locate the children listed; test them for HIV. | |
| 7.1 | <p>Test children in the facility or at home, according to the agreed-upon approach.</p> <ul style="list-style-type: none"> • Since testing children could inadvertently reveal the HIV status of the index client, providers should take care to ensure the confidentiality of the index client. This is particularly important if the index client’s partner has not yet been notified/tested, or does not know the HIV status of the index client. <p>Record child testing outcomes on section 2 of the Notification Outcomes Form.</p> |
| STEP 8: Complete all data recording and reporting requirements for index testing and partner services. | |
| Transfer data from the Index Client Intake Form and Notification Outcomes Form to the Child Testing Register and Monthly Summary Form . | |
| 8.1 | <p>For partners, record who conducted notification, type of notification, each attempted contact and date, and whether notification was successful on section 1 of the Notification Outcomes Form.</p> <p>If partner was notified, record HIV testing outcomes, including HIV test results, and (if HIV-positive) whether partner was initiated on ART.</p> |
| 8.2 | Track adverse events reported by either index clients or partners at any time after the notification on section 1 of the Notification Outcomes Form . |
| 8.3 | For children, record who conducted HIV test, HIV test results, and (if HIV-positive) whether child was initiated on ART on section 2 of the Notification Outcomes Form . |
| 8.4 | Transfer all data from Index Client Intake Form and Notification Outcomes Form to the Child Testing Register . |
| 8.5 | Cross-check data for accuracy and completeness. |
| 8.6 | Tally results for key index testing and partner services indicators on Monthly Summary Form at the end of each month and report according to agency standard operating procedures. |

Index Testing and Partner Services Visual Checklist

See next page for the HIV Index Testing and partner Services Visual Checklist.

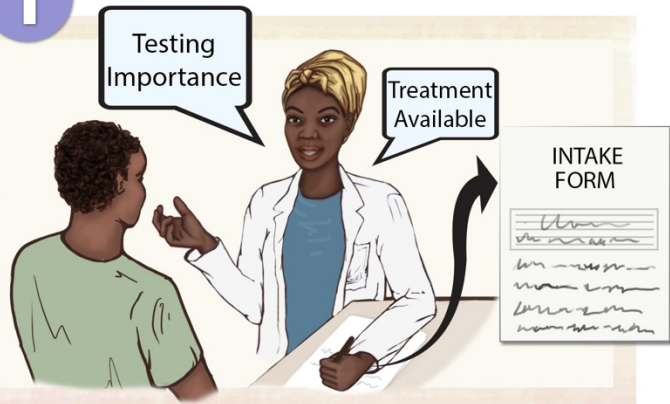
HIV Index Testing and Partner Services Visual Checklist

Instructions: This visual checklist can help you when you are providing index testing and partner services, and when you are coaching others to provide index testing. When you are providing index testing, have this visual checklist available on your desk or a wall for reference to ensure you are following the steps correctly. When you are coaching others, follow these steps:

1. **Explain:** Explain each of the 4 steps in Part 1, and then the 4 steps in Part 2.
2. **Demonstrate:** Perform the 4 steps in Part 1, then the 4 steps in Part 2.
3. **Coach:** Observe others as they demonstrate Steps 1-4 and 5-8, and give prompts for the steps, as needed.
4. **Feedback:** Give others feedback on steps they are doing well and steps they need to practice more.

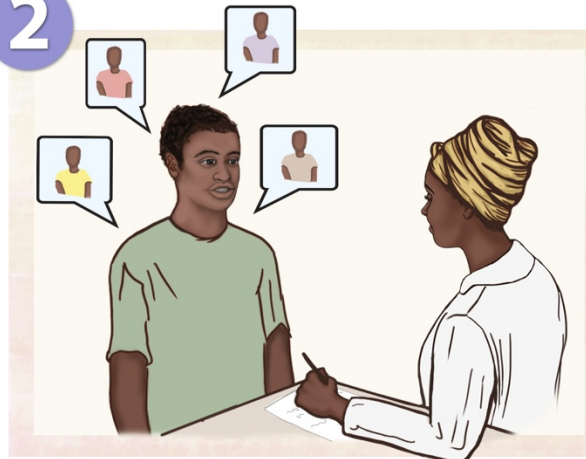
Part 1: INDEX CLIENT

1



Introduce index testing and partner services to the Index Client and obtain concurrence.

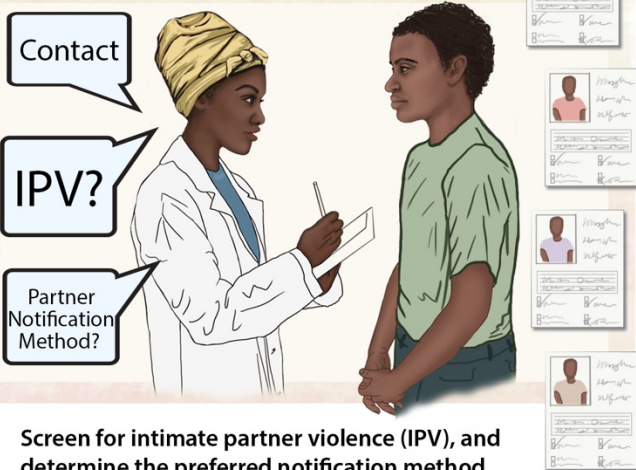
2



Obtain a list of all partners who may be at risk for HIV infection

3

For each listed partner, record contact information.



Screen for intimate partner violence (IPV), and determine the preferred notification method.

4



Obtain a list of all children under 12 who may be at risk for HIV infection; agree on location and date for testing children.



HIV Index Testing and Partner Services Visual Checklist

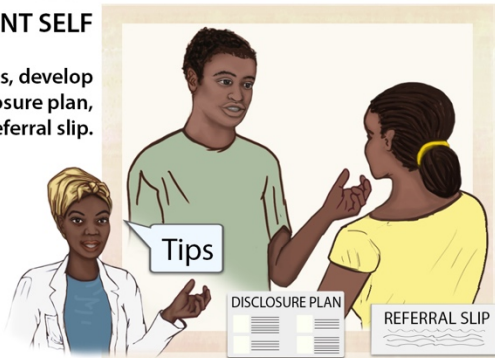
Part 2: PARTNERS

5

Contact each named partner using the selected approach; notify and offer HIV Testing Services.

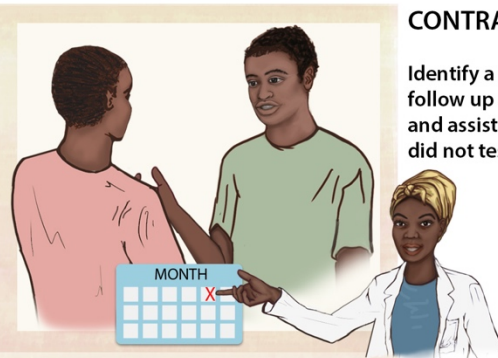
CLIENT SELF

Review tips, develop disclosure plan, issue referral slip.



CONTRACT

Identify a date, follow up with client and assist if partner did not test.



PROVIDER

Notify partners by phone or home visit; maintain index client anonymity.



DUAL

Notify partner together with the index client, at home or in facility.



6

Locate each of the children listed using the agreed approach; test them for HIV.



7

NOTIFICATION OUTCOMES FORM

Client: [Name]

Phone: [Number]

[Handwritten notes and checkboxes]

Record outcomes of each notification attempt for partners and children; track adverse events.



8

MONTHLY SUMMARY FORM

[Handwritten notes and checkboxes]

Complete data recording and reporting for PNS.



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Index Testing and Partner Services Performance Checklist

Instructions: While observing index testing and partner services delivery, rate the provider's performance (using a +, -, 0 scale) down the column(s) to the right of each step (by focusing on the tasks within each step). Use a new column for each observation.

| | |
|---|---|
| Performance Ratings (+, -, 0): Performance ratings can be used by peers during training and by supervisors and mentors during quality assurance checks. Identify tasks within steps for which the index testing and partner services provider is competent (+) and those where the service provider needs additional support (-, 0). | |
| + | The service provider did the task correctly and did not need help to complete the task. |
| - | The service provider did the task incorrectly or needed help to complete the task. |
| 0 | The service provider did not perform the task. |

Index Testing and Partner Services Provider: _____ Date _____

| Step/Task | Part I: Engaging the Index Client | Performance Ratings | | | | |
|--|--|---------------------|--|--|--|--|
| STEP 1: Introduce partner notification to the index client and obtain consent. | | | | | | |
| Using the Talking Points for Providers job aid, complete section 1 of the Index Client Intake Form . | | | | | | |
| 1.1 | Introduce provider notification to the index client. | | | | | |
| 1.2 | Explain the importance of ensuring that all partners get tested for HIV. | | | | | |
| 1.3 | Inform the index client why you are offering index testing and partner services. | | | | | |
| 1.4 | Explain the process of partner notification, starting with listing partner and child names. | | | | | |
| 1.5 | Inform the client that there are four options for notifying their partners (client referral, contract referral, provider referral, and dual referral). Use the Options for Notifying Your Partner about Your HIV job aid to explain the four options. | | | | | |
| 1.6 | Reinforce the confidentiality, voluntariness, and continuity of service delivery. | | | | | |
| 1.7 | Answer any questions the index client has and obtain verbal consent to continue. | | | | | |
| 1.8 | Complete section 1 of the Index Client Intake Form , and record contact information for the index client. | | | | | |
| STEP 2: Obtain a list of all partners who might be at risk for HIV infection. | | | | | | |
| Complete section 2 of the Index Client Intake Form . | | | | | | |
| 2.1 | Ask the index client to tell you the names and contact information of all of their partners and other persons they have had sex with who might be at risk, including drug-injecting partners (if applicable). | | | | | |
| STEP 3: For each listed partner, record contact information, screen for intimate partner violence (IPV), and determine the preferred notification method. | | | | | | |
| Record contact information, results of IPV screening, and preferred notification method on section 3 of the Index Client Intake Form . Record this information for each listed partner. | | | | | | |
| 3.1 | Inform the client that you will now ask for information about each of the partners they listed to help them notify their partners. | | | | | |
| 3.2 | Obtain the partner contact information. | | | | | |
| 3.3 | Continuing with the same partner, screen for IPV. | | | | | |

| Step/Task | Part I: Engaging the Index Client | Performance Ratings | | | | |
|---|---|---------------------|--|--|--|--|
| 3.4 | Based on the results of the IPV screening questions, explore options for notification while prioritizing the index client's safety. | | | | | |
| 3.5 | Identify the preferred notification method for this partner. Review the four options for partner notification using the Options for Notifying Your Partner about Your HIV job aid. | | | | | |
| 3.6 | Answer any questions the index client may have and repeat steps 3.2 through 3.5 for all partners listed. | | | | | |
| <p>STEP 4: Obtain a list of the client's children who are under 12 years old and who might be at risk for HIV infection. Agree on the location and date for testing the child(ren).</p> <p>Record demographics and testing method on section 4 of the Index Client Intake Form. Complete one line for each child.</p> | | | | | | |
| 4.1 | Ask the client to tell you the name, age, and sex of all children who might be at risk and need to be tested. | | | | | |
| 4.2 | Identify the preferred testing method for each child listed. | | | | | |
| 4.3 | Once you have completed all the information for each partner and child listed, close the session and link the index client with other necessary services, as indicated. | | | | | |

Feedback for Part I:

| Step/Task | Part 2: Notifying Partners | Observations | | | | |
|--|---|--------------|--|--|--|--|
| STEP 5: Contact each named partner using the selected approach; notify and offer HIV testing. | | | | | | |
| 5a: Client Self-Referral | | | | | | |
| 5a.1 | Review Disclosure Plan for Telling Your Partner about Your HIV . | | | | | |
| 5a.2 | Allow the index client to practice disclosing until they feel confident they can tell their partner. | | | | | |
| 5a.3 | Brainstorm questions the client's partner might ask and develop possible responses. | | | | | |
| 5a.4 | Give index client the Partner Referral Slip , which explains why it is important for the partner to test for HIV and includes information on where and how to get tested. | | | | | |
| 5a.5 | Consider making an appointment with the index client in 1 month to follow up and confirm that the partners have been tested, and record the outcome on section I of the Notification Outcomes Form . | | | | | |
| 5b: Contract Referral | | | | | | |
| 5b.1 | Follow the same steps as for Client Self-Referral (section 5a, above). | | | | | |
| 5b.2 | Identify a date no more than 30 days from today's date by which the client agrees to notify and refer their partner for HIV testing. Record the contract date on section 3 of the Index Client Intake Form . | | | | | |
| 5b.3 | Remind the client that if their partner does not come for an HIV test by that date, you will call to get his or her permission to contact the partner directly. | | | | | |
| 5b.4 | After 30 days have passed, call the index client and determine if the partner(s) have been tested, conduct notification as necessary, and record outcomes on section I of the Notification Outcomes Form . | | | | | |
| 5c: Provider Referral | | | | | | |
| 5c.1 | Begin contacting partner(s) via telephone using the Script for Partner Notification: Phone Call . | | | | | |
| 5c.2 | If partner does not answer the phone, leave a message using the Script for Partner Notification: Voicemail . | | | | | |
| 5c.3 | If you are unable to contact the partner after three phone attempts, conduct a home visit to the partner(s) at their physical address and use the Script for Partner Notification: Home Visit for this initial contact with the partner(s). Document the outcomes of all attempts to contact the partners on section I of the Notification Outcomes Form . | | | | | |
| 5d: Dual Referral | | | | | | |
| 5d.1 | Develop a plan for the provider and index client to notify the partner together, including where and when to notify. | | | | | |
| 5d.2 | Schedule an appointment for dual referral. If the appointment will be in the facility, schedule an appointment and give the client Partner Invitation for Health Services form to share with their partner. If the appointment will be in the home, make an appointment for when you will come to the home to notify and test the partner. | | | | | |
| 5d.3 | Practice what you and the index client will say on the day of the appointment for dual referral. Use the Disclosure Plan for Telling Your Partner about Your HIV and record the outcomes on section I of the Notification Outcomes Form . | | | | | |

| Step/Task | Part 2: Notifying Partners | Observations |
|---|--|--------------|
| STEP 6: Provide services for couples based on their results or work to support disclosure. | | |
| 6.1 | Deliver comprehensive HIV prevention, care, and treatment services for concordant HIV-positive and HIV-discordant couples. | |
| 6.2 | For partners that have not disclosed to one another, support them to disclose, as appropriate. Use the Disclosure Plan for Telling Your Partner about Your HIV Status as appropriate. | |
| STEP 7: Locate each of the children listed using the agreed-upon approach; test them for HIV. | | |
| 7.1 | Test children in the facility or at home, according to the agreed-upon approach. Take care to ensure the confidentiality of the index client if the client's partner has not been notified or does not know the HIV status of the index client. Record child testing outcomes on section 2 of the Notification Outcomes Form . | |
| STEP 8: Complete all data recording and reporting requirements for index testing and partner services. | | |
| 8.1 | For partners, record who conducted notification, the type of notification, each attempted contact and date, and whether notification was successful on section 1 of the Notification Outcomes Form . If the partner was notified, record HIV testing outcomes, including HIV test results and (if HIV-positive) whether the partner was initiated on ART. | |
| 8.2 | Track adverse events reported by either index clients or partners at any time after the notification on section 1 of the Notification Outcomes Form . | |
| 8.3 | For children, record who conducted the HIV test, HIV test results and (if HIV-positive) whether the child was initiated on ART on section 2 of the Notification Outcomes Form . | |
| 8.4 | Transfer all data from the Index Client Intake Form and Notification Outcomes Form to the Child Testing Register . | |
| 8.5 | Cross-check data for accuracy and completeness. | |
| 8.6 | Tally results for key index testing and partner services indicators on the Monthly Summary Form at the end of each month and report according to agency standard operating procedures. | |

Feedback for Part 2:

This provider has demonstrated the ability to perform index testing and partner services and should be able to provide services to clients using the visual checklist.

Facilitator's Name: _____ Date: _____

Facilitator's Signature: _____

Sample Data Collection and Reporting Tools

The **sample data collection and reporting tools** are examples of tools that organizations have used to collect program level data for monitoring and evaluating the success of their index testing and partner services programs. You should adapt the tools based on your local context and program needs.

The **Index Client Intake Form** has an initial section for recording background information about the index client, much of which has likely been collected as part of initial HIV testing. The second section is for listing all of the index client's partner names and their contact information, and the provider may fill it out during initial HIV testing or later, once the client agrees to index testing and partner services. The third section allows the provider to get more details about each of the partners listed, including their contact information, risk of intimate partner violence, and preferred notification method. Finally, the fourth section is for recording details about the index client's children who need to be trace. The Index Client Intake Form can seem cumbersome for providers, but it captures process details that the index testing and partner services and Child Testing Register do not. With a little practice, providers find the tool to be very useful.

The **Notification Outcomes Form** is a worksheet for tracking each of the attempts to notify each of the index client's partner(s). Complete one form for each partner.

The **Child Testing Register** is perhaps the most common method for tracking index testing and partner services data. It collects much of the same information as the Index Client Intake Form but without as much detail. Programs might find this format to be most similar to other data collection and reporting tools, and may adapt the columns to add or subtract details, as needed.

The **Monthly Summary Form** collects data on the key indicators that are generally captured as part of index testing and partner services program data, including the following:

- Number of index clients (disaggregated by age, sex, and entry point, if possible)
- Number of index clients offered index testing and partner services
- Number of index clients accepting index testing and partner services
- Number of partners listed by index clients
- Number of partners notified/reached
- Number of partners eligible for HIV testing (i.e., remove those who already know they are HIV-positive)
- Number of partners who receive HIV testing and receive their results
- Number of partners who receive HIV-positive test results
- Number of HIV-positive partners who are successfully linked with HIV care and treatment
- Number of children listed by index clients
- Number of children eligible for HIV testing (i.e., remove those who are already known to be HIV-positive)
- Number of children who receive HIV testing and receive their results
- Number of children who receive HIV-positive test results
- Number of HIV-positive children who are successfully linked with HIV care and treatment

Form I: Index Client Intake Form

Instructions: Introduce index testing and partner services and explain the risks and benefits of the services to all clients who test HIV-positive (index clients). If the client does not consent to receive index testing and partner services, indicate this in the **Child Testing Register** (e.g., offered index testing and partner services, did not accept), but do not complete the form. Complete the Index Client Intake Form for each HIV-positive index client **who verbally agrees/consents to receive index testing and partner services**. Transfer information from this form to the Child Testing Register.

| |
|--|
| Today's date: ____/____/____ (dd/mm/yyyy) |
| Name of provider completing form: _____ |
| Role of provider completing form: <input type="checkbox"/> HIV testing services provider <input type="checkbox"/> Linkage provider <input type="checkbox"/> Peer educator <input type="checkbox"/> Antiretroviral therapy provider/nurse <input type="checkbox"/> Other clinical provider (describe: _____) |
| LGA/District: _____ Facility Name: _____ |

Section I: Index Client Information

| |
|--|
| Index client's surname: _____ |
| Other names: _____ |
| Hospital/antiretroviral therapy number (for clients enrolled in antiretroviral therapy): _____ |
| Facility of enrollment: _____ |
| Index client ID: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Age: ____ years |
| Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married/monogamous <input type="checkbox"/> Married/polygamous (number of wives): ____ <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Other: _____ |
| Cell phone number: _____ Alternative contact number: _____ |
| Address/home location: _____ LGA/district: _____ |
| Date of index client's initial HIV-positive test results: ____/____/____ (dd/mm/yyyy) |
| Date of index client's confirmed HIV-positive test results: ____/____/____ (dd/mm/yyyy) <input type="checkbox"/> Results not yet confirmed |
| Is client currently on HIV treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of treatment initiation: ____/____/____ (dd/mm/yyyy) |
| For HIV-positive women only: Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, link with PMTCT services) Linked with PMTCT? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many children ages 12 and under does the index client have? _____ |
| How many of these children are at risk and need to be tested for HIV? _____ |

Section 2: Partners of the Index Client

Instructions: Ask the index client to list the people they have had sex with or shared blood/needles with in the last 12 months who may be at risk for HIV. This should include both main/married partners and casual/unmarried partners. Probe to elicit multiple partner names, if appropriate. You may wish to start with the main sex partner and then ask about other partners, or you may wish to start by asking about the most recent partner and then ask about previous partners.

| List the names(s) of all partners who may have been exposed to HIV | Partner Notification ID (use Client ID + 01/02/03...) |
|--|--|
| | Partner ID (client ID + 01): |
| | Partner ID (client ID + 02): |
| | Partner ID (client ID + 03): |
| | Partner ID (client ID + 04): |
| | Partner ID (client ID + 05): |
| | Partner ID (client ID + 06): |

Section 3: Partner Information

Instructions: Use this form to record partners' contact information, to screen for intimate partner violence, and to establish a plan for how to contact each partner. Complete one form for each of the client's partners.

First Partner

Partner surname: _____ **Other names:** _____

Partner ID: _____ **Age:** _____ years **Sex:** M F

Home address (include landmarks—e.g., next to church): _____

Hangout spots (if no home address given): _____

Phone number: _____ **Alternative contact number:** _____

Relationship to index client:

Spouse Fiancée Girlfriend/boyfriend Casual partner Past partner (i.e. not current)

Someone who pays me/gives me things in exchange for sex

Someone I pay/give things to in exchange for sex

Do you currently live with this partner? Yes No

To the best of your knowledge, has this partner ever tested HIV-positive?

Yes No Don't know Decline to answer

If yes, is this partner currently taking medications for HIV?

Yes No Don't know Decline to answer

Intimate Partner Violence (IPV) Screening Questions:

Has this partner ever hit, kicked, slapped, or otherwise physically hurt you?

Yes No Declined to answer

Has this partner ever threatened to hurt you? Yes No Declined to answer

Has this partner ever forced you to do something sexually that made you uncomfortable?

Yes No Declined to answer

NOTE: If the client answers yes to any of the IPV screening questions, please discuss further and assess the risk of harm to the client. Index testing and partner services may continue unless you have a strong reason to suspect that notifying this partner might result in physical harm to the index client. Refer client to appropriate IPV support services, where possible.

Notification method selected: Passive/client referral Provider assisted Contract referral

Dual referral

No notification needed, known HIV-positive Notification not recommended for safety of index client

If client chooses contract method, by what date will the partner come for testing?

_____/_____/_____(dd/mm/yyyy)

Section 4: Index Client's Children

Instructions: Ask the index client to list all their children ages 12 and under who might be at risk for HIV. For HIV-positive women, this includes children whose status is unknown or who were not confirmed as HIV-negative during antenatal or postnatal care. For HIV-positive men, this includes children whose biological mother died or is known to be HIV-positive, or whose HIV status is unknown, and any children who might have been sexually abused. Agree on when/where to test the children. If the client has more than four children, print more forms.

| Name(s) (List all children <12 years old who might be at risk for HIV) | Child ID* (client ID + 0011): | Demographics | Testing method: (appointment for home visit, clinic visit, other_____) |
|---|--|---|---|
| Surname: _____ Other names: _____ _____ | Child ID (client ID + 0011): | Age: ____years Sex: <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Appointment for home visit Date: _____ <input type="checkbox"/> Appointment for clinic visit Date: _____ <input type="checkbox"/> Other (describe): _____ _____ |
| Surname: _____ Other names: _____ _____ | Child ID (client ID + 0011): | Age: ____years Sex: <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Appointment for home visit Date: _____ <input type="checkbox"/> Appointment for clinic visit Date: _____ <input type="checkbox"/> Other (describe): _____ _____ |
| Surname: _____ Other names: _____ _____ | Child ID (client ID + 0011): | Age: ____years Sex: <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Appointment for home visit Date: _____ <input type="checkbox"/> Appointment for clinic visit Date: _____ <input type="checkbox"/> Other (describe): _____ _____ |
| Surname: _____ Other names: _____ _____ | Child ID (client ID + 0011): | Age: ____years Sex: <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Appointment for home visit Date: _____ <input type="checkbox"/> Appointment for clinic visit Date: _____ <input type="checkbox"/> Other (describe): _____ _____ |

*Use client ID + 0011, 0022, etc.

Form 2: Notification Outcomes Form

Section I: PARTNER NOTIFICATION OUTCOMES

Instructions: Use this form to record outcomes of index testing and partner services. Use one form for each partner, using multiple forms if there are multiple partners listed in Section 3 above.

| | |
|-----------------|---|
| 1 st | <p>Name of provider doing partner notification: _____</p> <p>1. Date of first follow-up with partner: ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Date of second follow-up with partner (if needed): ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Date of third follow-up with partner (if needed): ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Partner received HTS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, select reason: <input type="checkbox"/> Known HIV-positive <input type="checkbox"/> Tested HIV-negative in last 6 weeks <input type="checkbox"/> Refused to test <input type="checkbox"/> Not successfully contacted <input type="checkbox"/> Agreed but never came for HTS <input type="checkbox"/> Other (describe): _____</p> <p>If yes, date of HTS: ____/____/20____</p> <p>Result of HTS: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Indeterminate</p> <p>If HIV-Positive, partner enrolled in HIV treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date partner enrolled: ____/____/20____</p> <p>Facility of enrollment: _____</p> |
| | <p>Note: <i>If partner is HIV-positive, he/she becomes an index client—is linked with HIV treatment, and enrolled in index testing.</i></p> <p>If negative, discordant couple? <input type="checkbox"/> Yes <input type="checkbox"/> No Received discordant couple services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List services received for discordant couples: _____</p> <p>Adverse events reported by index client or partner? <input type="checkbox"/> Yes, index client only <input type="checkbox"/> Yes, partner only <input type="checkbox"/> Yes, both index client and partner <input type="checkbox"/> No, no adverse event reported</p> <p>Date adverse event reported: ____/____/20____</p> <p>Type of adverse event reported: <input type="checkbox"/> Physical or sexual violence <input type="checkbox"/> Verbal or emotional violence <input type="checkbox"/> Relationship break-up <input type="checkbox"/> Taking away children <input type="checkbox"/> Other (describe): _____</p> <p>Action taken by provider to address adverse event (i.e., referral, counseling, etc.): _____</p> |
| 2 nd | <p>Name of provider doing partner notification: _____</p> <p>1. Date of first follow-up with partner: ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Date of second follow-up with partner (if needed): ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Date of third follow-up with partner (if needed): ____/____/20____ Partner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Partner received HTS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, select reason: <input type="checkbox"/> Known HIV-positive <input type="checkbox"/> Tested HIV-negative in last 6 weeks <input type="checkbox"/> Refused to test <input type="checkbox"/> Not successfully contacted <input type="checkbox"/> Agreed but never came for HTS <input type="checkbox"/> Other (describe): _____</p> <p>If yes, date of HTS: ____/____/20____</p> <p>Result of HTS: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Indeterminate</p> <p>If HIV-Positive, partner enrolled in HIV treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date partner enrolled: ____/____/20____</p> <p>Facility of enrollment: _____</p> |
| | <p>Note: <i>If partner is HIV-positive, he/she becomes an index client—is linked with HIV treatment, and enrolled in index testing.</i></p> <p>If negative, discordant couple? <input type="checkbox"/> Yes <input type="checkbox"/> No Received discordant couple services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List services received for discordant couples: _____</p> <p>Adverse events reported by index client or partner? <input type="checkbox"/> Yes, index client only <input type="checkbox"/> Yes, partner only <input type="checkbox"/> Yes, both index client and partner <input type="checkbox"/> No, no adverse event reported</p> <p>Date adverse event reported: ____/____/20____</p> <p>Type of adverse event reported: <input type="checkbox"/> Physical or sexual violence <input type="checkbox"/> Verbal or emotional violence <input type="checkbox"/> Relationship break-up <input type="checkbox"/> Taking away children <input type="checkbox"/> Other (describe): _____</p> <p>Action taken by provider to address adverse event (i.e., referral, counseling, etc.): _____</p> |

Section 2: CHILD TESTING OUTCOMES

Instructions: Use this form to record information about testing children of index clients. Use one form for each child, using multiple forms if there are multiple children listed previously.

| | |
|----------------|--|
| CHILD 1 | <p>Name of provider: _____</p> <p>Child surname: _____ Other names: _____</p> <p>Child ID: _____ Age: _____ years Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Home address: _____</p> <p>As far as you know, has this child ever tested positive for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>If yes, is this child currently taking medications for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>Child tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, select reason: <input type="checkbox"/> Known HIV-positive <input type="checkbox"/> Confirmed HIV-negative with previous pregnancy <input type="checkbox"/> Mother/parent refused <input type="checkbox"/> Child refused <input type="checkbox"/> Could not contact/locate <input type="checkbox"/> Mother/parent agreed but never came for HTS</p> <p>If yes, date of HTS: ___/___/20_____ Result of HTS: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative</p> <p>If HIV-positive, was child enrolled in HIV care and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At which facility? _____</p> |
| CHILD 2 | <p>Name of provider: _____</p> <p>Child surname: _____ Other names: _____</p> <p>Child ID: _____ Age: _____ years Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Home address: _____</p> <p>As far as you know, has this child ever tested positive for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>If yes, is this child currently taking medications for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>Child tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, select reason: <input type="checkbox"/> Known HIV-positive <input type="checkbox"/> Confirmed HIV-negative with previous pregnancy <input type="checkbox"/> Mother/parent refused <input type="checkbox"/> Child refused <input type="checkbox"/> Could not contact/locate <input type="checkbox"/> Mother/parent agreed but never came for HTS</p> <p>If yes, date of HTS: ___/___/20_____ Result of HTS: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative</p> <p>If HIV-positive, was child enrolled in HIV care and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At which facility? _____</p> |
| CHILD 3 | <p>Name of provider: _____</p> <p>Child surname: _____ Other names: _____</p> <p>Child ID: _____ Age: _____ years Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Home address: _____</p> <p>As far as you know, has this child ever tested positive for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>If yes, is this child currently taking medications for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/decline to answer</p> <p>Child tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, select reason: <input type="checkbox"/> Known HIV-positive <input type="checkbox"/> Confirmed HIV-negative with previous pregnancy <input type="checkbox"/> Mother/parent refused <input type="checkbox"/> Child refused <input type="checkbox"/> Could not contact/locate <input type="checkbox"/> Mother/parent agreed but never came for HTS</p> <p>If yes, date of HTS: ___/___/20_____ Result of HTS: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative</p> <p>If HIV-positive, was child enrolled in HIV care and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At which facility? _____</p> |

Form 3: Index Testing Register

Sample Index Testing and Partner Services and Child Testing Register

| S/N | Index Client Information | | | | | | Partner Information | | | | | FOLLOW UP 1 | |
|--|---|--|-----------------|------------------------|---------------------------|---|-------------------------------------|------------|-------------------|----------------------|--|--|-------------------|
| | Date of Index Client Enrollment in index testing (MM/DD/YYYY) | Index Client Name (Surname, Other names) | Index Client ID | Index Client Sex (M/F) | Index Client Age (## yrs) | Index Client Successfully Enrolled in HIV Care and Treatment? (Y/N) | Partner Name (Surname, Other names) | Partner ID | Partner Sex (M/F) | Partner Age (## yrs) | Relationship to Index Client **see key below | Notification Method Initially Selected **see key below | Date (MM/DD/YYYY) |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| TOTALS: | | | | | | | | | | | | | |
| <p>KEY: Relationship to Index Client: (S) Spouse; (F) Fiancee; (GF/BF) Girlfriend/Boyfriend; (RC) Regular casual; (IC) Infrequent casual; (PM) Pays/gives me things for sex; (IP) I pay/give things to for sex Notification Method Selected: (CL) Passive/Client Referral; (PR) Provider Assisted; (CON) Contract; (HH) Household Referral Partner Contacted by: (1) Index client in person; (2) Index client by phone; (3) Provider in person; (4) Provider by phone; (5) Other (describe) Reason for No Partner Testing: (1) Known HIV-positive; (2) Tested HIV-negative in last 6 weeks; (3) Refused to test; (4) Not successfully contacted; (5) Agreed but never came for HTS; (6) Other (describe) Adverse Events: (1) Physical or sexual violence; (2) Verbal or emotional violence; (3) Relationship break-up; (4) Other (describe)</p> | | | | | | | | | | | | | |

| For Partners and Children of Index Clients | | | | | | | | | | | | | | | If Partner HIV-Negative | | Adverse Events | | | | | | | |
|--|---------------------------------|----------------------|---------------------------------|----------------------|---------------------------------|---|-----------------------------|---------------|-----|----------------------------------|-------------------------------------|---|--|---|--|---|---|---------------------------------------|---|----------|---|---|---|--|
| FOLLOW UP 1 | | FOLLOW UP 2 | | FOLLOW UP 3 | | Notification Method Used **see key below | HIV-Testing information | | | | HIV-Positive Clients | | | | | HIV-Discordant Partner Services Provided? | | Reported Adverse Event Following PNS? | | Comments | | | | |
| Date (dd/mm/yyyy) | Notified by? **see key below | Date (dd/mm/yyyy) | Notified by? **see key below | Date (dd/mm/yyyy) | Notified by? **see key below | Received HTS? | Date of HTS (dd/mm/yyyy) | Result of HTS | | If No, Reason **see key below | Enrolled in HIV Care and Treatment? | | Offered PNS? <small>Only for Partners</small> | | Agreed to PNS? <small>Only for Partners</small> | | Assigned Index Client ID for PNS (HTS Client Code) | Y | N | | Y | N | Type of Adverse Event Reported **see key below | |
| | | | | | | Y | N | Pos | Neg | | Y | N | Y | N | Y | N | | Y | N | | Y | N | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
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Form 4: Monthly Summary Form

| Sample Index Testing and Partner Services Monthly Summary Form | | | | | | |
|---|---|---------------------------|----------|----------|----------|----------|
| Instructions: Tally the information from the index testing register and report the totals for each indicator highlighted in blue. The totals and calculations in orange should auto-fill, but please check the calculations to ensure they are correct. | | | | | | |
| LGA/District: | Site Name: | Name of Person Reporting: | | | | |
| Reporting Month / Year: | | Reporting Date: | | | | |
| | | | | Male | Female | Total |
| <i>taken from HTS register</i> | # individuals receiving HTS and receiving their test results | | | | | 0 |
| a <i>taken from HTS register</i> | # individuals receiving HIV-positive test results (index clients) | | | | | 0 |
| b | # index clients who are offered index testing | | | | | 0 |
| <i>calculation: % of people testing positive who are offered index testing</i> | | | | | | |
| | $b/a*100$ | | | #DIV/0! | #DIV/0! | #DIV/0! |
| c | # index clients who accept and are enrolled in index testing | | | | | 0 |
| <i>calculation: % of people testing positive in PNS sites who accept and are enrolled in index testing</i> | | | | | | |
| | $c/a*100$ | | | #DIV/0! | #DIV/0! | #DIV/0! |
| | # partners of index clients listed | 10-14 | | | | 0 |
| | | 15-19 | | | | 0 |
| | | 20-24 | | | | 0 |
| | | 25-29 | | | | 0 |
| | | 30-34 | | | | 0 |
| | | 35-39 | | | | 0 |
| | | 40-44 | | | | 0 |
| | | 45-49 | | | | 0 |
| | | 50+ | | | | 0 |
| d | TOTAL | 0 | 0 | 0 | 0 | 0 |
| <i>calculation: # partners listed per HIV-positive index client</i> | | | | | | |
| | d/c | | | #DIV/0! | #DIV/0! | #DIV/0! |
| | # partners of index clients notified | 10-14 | | | | 0 |
| | | 15-19 | | | | 0 |
| | | 20-24 | | | | 0 |
| | | 25-29 | | | | 0 |
| | | 30-34 | | | | 0 |
| | | 35-39 | | | | 0 |
| | | 40-44 | | | | 0 |
| | | 45-49 | | | | 0 |
| | | 50+ | | | | 0 |
| e | TOTAL | 0 | 0 | 0 | 0 | 0 |
| <i>calculation: % of partners notified</i> | | | | | | |
| | $e/d*100$ | | | #DIV/0! | #DIV/0! | #DIV/0! |
| | # partners notified who are eligible for HTS | 10-14 | | | | 0 |
| | | 15-19 | | | | 0 |
| | | 20-24 | | | | 0 |
| | | 25-29 | | | | 0 |
| | | 30-34 | | | | 0 |
| | | 35-39 | | | | 0 |
| | | 40-44 | | | | 0 |
| | | 45-49 | | | | 0 |
| | | 50+ | | | | 0 |
| f | TOTAL | 0 | 0 | 0 | 0 | 0 |
| <i>calculation: % of partners eligible for HTS</i> | | | | | | |
| | $f/e*100$ | | | #DIV/0! | #DIV/0! | #DIV/0! |

| g/f*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
|---|--|--------------|----------|----------|
| h | # partners who were newly diagnosed HIV-positive | 10-14 | | 0 |
| | | 15-19 | | 0 |
| | | 20-24 | | 0 |
| | | 25-29 | | 0 |
| | | 30-34 | | 0 |
| | | 35-39 | | 0 |
| | | 40-44 | | 0 |
| | | 45-49 | | 0 |
| | | 50+ | | 0 |
| | TOTAL | 0 | 0 | 0 |
| <i>calculation: % of partners who tested HIV-positive</i> | | | | |
| h/g*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| j | # HIV-positive partners successfully enrolled in HIV care and treatment | | | 0 |
| <i>calculation: % HIV-positive partners successfully enrolled in HIV care and treatment</i> | | | | |
| j/i*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| k | # children of index clients listed | <1 | | 0 |
| | | 1-9 | | 0 |
| | | 10-14 | | 0 |
| | | TOTAL | 0 | 0 |
| <i>calculation: # children listed per HIV-positive index client</i> | | | | |
| k/c | | #DIV/0! | #DIV/0! | #DIV/0! |
| l | # children of index clients who are eligible for HTS | <1 | | 0 |
| | | 1-9 | | 0 |
| | | 10-14 | | 0 |
| | | TOTAL | 0 | 0 |
| <i>calculation: % children eligible for HTS</i> | | | | |
| l/k*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| m | # eligible children who received HTS and received their test results | <1 | | 0 |
| | | 1-9 | | 0 |
| | | 10-14 | | 0 |
| | | TOTAL | 0 | 0 |
| <i>calculation: % of eligible children who received HTS and received their test results</i> | | | | |
| m/l*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| n | # children who were newly diagnosed HIV-positive | <1 | | 0 |
| | | 1-9 | | 0 |
| | | 10-14 | | 0 |
| | | TOTAL | 0 | 0 |
| <i>calculation: % of children who tested HIV-positive</i> | | | | |
| n/m*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| o | # HIV-positive children successfully enrolled in HIV care and treatment | | | 0 |
| <i>calculation: % HIV-positive children successfully enrolled in HIV care and treatment</i> | | | | |
| o/n*100 | | #DIV/0! | #DIV/0! | #DIV/0! |
| p | # adverse events reported by index clients following PNS | | | |
| | # physical or sexual violence events reported | | | |
| | # verbal or emotional violence events reported | | | |
| | # relationship break up reported | | | |
| | # other AE reported | | | |
| q | # HIV-discordant couples identified | | | |
| r | # HIV-discordant couples provided with discordant couple services (%) | | | |
| <i>calculation: % HIV-discordant couples provided with discordant couple services</i> | | | | |
| r/q*100 | | | | #DIV/0! |

Job Aids

Options for Notifying Your Partner about Your HIV

Options for Notifying Your Partner about Your HIV

CLIENT REFERRAL

You tell your partner about your HIV and invite them to get an HIV test. A provider will help you develop a disclosure plan to identify the best way to tell your partner.



PROVIDER REFERRAL

A trained provider will call or visit your partner at home and inform them that they need to test for HIV. This can be done without disclosing your HIV status if you prefer.



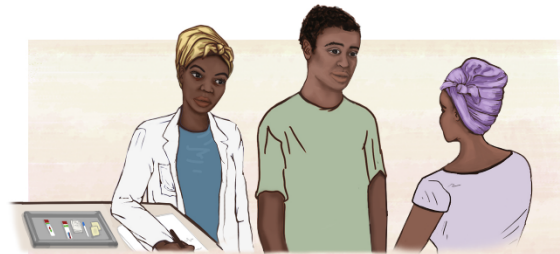
CONTRACT REFERRAL

You agree to tell your partner about your HIV within 30 days and invite them to get an HIV test. If you do not tell your partner after 30 days, the provider will get your permission to notify your partner directly and offer them an HIV test.



DUAL REFERRAL

Together, you and a provider will tell your partner about your HIV, and the provider will offer them an HIV test.



Talking Points for Providers

| Talking Points for Introducing Index Testing and Partner Services to Index Clients | |
|--|--|
| <h3>TESTING</h3> <ul style="list-style-type: none">→ It is important that all partners get tested for HIV, so that partners who are also HIV-positive can access HIV treatment to stay healthy and prevent transmission to others; and partners who are HIV-negative can access HIV prevention services to help them stay HIV-negative, including condoms, pre-exposure prophylaxis (PrEP), and male circumcision.→ The clinic is offering index testing and partner services to help clients notify their partners and offer them testing. This service is offered because we know disclosure is difficult, and providers can help ease tension and diffuse any blame that might occur as a result of disclosure. | <h3>TALKING</h3> <ul style="list-style-type: none">→ Talking with partners about your HIV can strengthen your relationships and improve communication; it is also important for planning for your future together, including planning for your children if one or both of you is HIV-positive. |
| <h3>CONTACT</h3> <ul style="list-style-type: none">→ In order to be most effective, we will ask you to list the names of all persons you've had sex (or shared needles) with who may have been exposed to HIV. This includes people you may have only had sex (or shared needles) with one time. This also includes any children who may need an HIV test.→ There are four options for notifying your partners and offering them testing (see "Options for Notifying Your Partner about HIV" Job Aid). We will NOT contact your partner(s) without first getting your permission.→ Before we identify the best way of notifying your partner(s), we will ask you some information about these relationships, to make sure it is safe to notify them. | <h3>CONFIDENTIAL AND VOLUNTARY</h3> <ul style="list-style-type: none">→ This is a voluntary service. You will continue to receive the same level of care at this health facility regardless of whether you choose to participate in index testing and partner services.→ All information shared here will be kept confidential. This means that partners will NOT be told your name or test results unless you explicitly agree, and you will NOT be told the HIV test results of your partner(s) unless they explicitly agree. |



Disclosure Plan for Telling Your Partner about Your HIV

Disclosure Plan for Telling Your Partner about Your HIV

Talking with partner(s) about your HIV can be difficult for some clients. It can be helpful to make a plan for how and when you will tell your partner. Think about how you would like to be told, if your partner was disclosing to you.

| TOPIC | TIPS AND SCRIPTS | YOUR PLAN |
|--|--|-----------|
| When do you want to disclose to your partner? | <ul style="list-style-type: none"> Choose a day and a time when you and your partner will have time to talk. You also want to pick a time when your partner is not stressed or angry, and has not been drinking alcohol. | • |
| Where do you want to disclose to your partner? | <ul style="list-style-type: none"> Pick a private place where you feel comfortable and safe. For some clients, it may be comfortable to disclose at home. Others may wish to disclose in a more neutral or public location. | • |
| Who do you want to be with you when you disclose? | <ul style="list-style-type: none"> Some clients like to have someone whom they trust, to be with them when they disclose to their partner, or to be available in the next room for additional help and support. If you feel hesitant to talk to your partner on your own, it might be helpful to get help from a trained provider, especially if your partner has a history of violent behaviors with you. | • |
| What will you say to start the conversation? | <ul style="list-style-type: none"> "I have something important to tell you. I went to the clinic the other day and I learned I have HIV. I wanted you to know so that you could also get an HIV test. There are medicines now for treating HIV that can help us live a long time." "HIV is very common in our community. I decided to go for an HIV test. It turns out that I am HIV-positive. I already started on treatment. I think it is important that you also get tested for HIV so you can know your HIV status and we can plan for our future." | • |
| Anticipate Reactions your partner may have | <ul style="list-style-type: none"> Your partner may: <ul style="list-style-type: none"> Offer you support or comfort you Not believe it's true Feel confused or sad Feel angry or blame you Think about how you will respond to these reactions. What questions may your partner ask you? How will you respond? | • |
| Encourage Your Partner to be Tested for HIV | <ul style="list-style-type: none"> Give your partner the Referral Slip Tell your partner that it is important they get tested for HIV, and inform them where they can get tested. | • |
| Practice First! | <ul style="list-style-type: none"> Practice what you will say and do ahead of time. This will help you feel comfortable on the day you actually tell your partner. Let's role play the disclosure now! | • |

Partner Referral Slip

Invitation for Health Services

Date (dd/mm/yyyy): _____

You are invited to come to _____ on _____ at _____
Name of Health Facility Date Time

with your family, for special health information and clinical services. We will have well-trained and friendly service providers on hand to offer health screening for you and your family. It is important that you attend at this time, or contact us to find another date and time that would work better for you.

We hope you will come for this important health service, and look forward to seeing you then.

Please bring this referral slip with you.

Signature of Health Care Provider: _____

Partner Invitation for Health Services

Invitation for Health Services

Date (dd/mm/yyyy): _____

You are invited to come to _____ on _____ at _____
Name of Health Facility Date Time

with your family, for special health information and clinical services. We will have well-trained and friendly service providers on hand to offer health screening for you and your family. It is important that you attend at this time, or contact us to find another date and time that would work better for you.

We hope you will come for this important health service, and look forward to seeing you then.

Please bring this referral slip with you.

Signature of Health Care Provider: _____

Script for Partner Notification: Phone Call

Good day. My name is [Provider Name] and I am a counselor/health care provider at [Facility Name]. Am I speaking with [Partner Name]?

- **[IF NO]:** Is [Partner Name] available?
 - **[If partner is not available]:** Thanks. I'll try back later.
- **[If YES]:** I have some important information for you. Is now a good time to talk?
 - **[If NO]:** When would be a better time for me to call you?
 - **[If YES]:** We have recently learned that you may have been exposed to HIV. It is important that you come to [Facility Name] for an HIV test so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV on to others.

HIV testing services are available [Facility Hours for Testing]. Alternatively, we can send a counselor out to your home to give you an HIV test. Which option would you prefer?

- **[FACILITY TEST]:** What day would you like to come in for an HIV test?
- **[HOME TEST]:** What date and time would you like the counselor to come to your home to give you an HIV test?

Script for Partner Notification: Voicemail

Good day. My name is [Provider Name] and I am a counselor/health care provider at [Facility Name]. I am trying to reach [Partner Name] with some important health information. My phone number is [Phone Number]. I will also try back later. Thank you and good-bye.

Script for Partner Notification: Home Visit

Good day. My name is [Provider Name], and I am a counselor/health care provider at [Facility Name]. I am looking for [Partner Name]. Is [he/she] around?

- **[IF NO]:** Ok, thanks. Do you know when [he/she] will be back?
- **[IF YES, once the partner is in front of you]:** Is there a private place where we can talk?
 - **[Once you are in a private area where others cannot overhear]:** I have some important information for you. We have recently learned that you may have been exposed to HIV. It is important that you get tested for HIV so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.
 - I can test you for HIV right now. Or, if you prefer, you can go to [Facility Name] for an HIV test. HIV testing services are available [Facility Hours for Testing]. Which option would you prefer?
 - **[HOME TEST]:** Provide pretest session, informed consent, and post-test counseling according to national HIV testing guidelines.
 - **[FACILITY TEST]:** What day would you like to come to the health facility for an HIV test?

Supportive Supervision Tools: Interview Observation Form

Date of Observation: ____ / ____ / ____

Name of Index Testing Provider:

Name of Observer/Supervisor:

How did the Index Testing Provider perform in the following areas?

Write N/O (not observed) if the interview did not present an opportunity to observe the skill.

| | Not Observed/ Not Applicable | Needs Improvement | Satisfactory | Excellent |
|--|---------------------------------|----------------------|--------------|-----------|
| 1. Preparation | | | | |
| A. Reviews Medical Record (Diagnosis, Other Pertinent Info) | | | | |
| 2. Introduction of Self & Purpose of Interview | | | | |
| A. Demonstrates Professionalism | | | | |
| B. Welcomes Client and Introduces Self | | | | |
| C. Clearly Explains the Purpose of the Interview | | | | |
| 3. Emphasizes Confidentiality | | | | |
| A. Information about the index client will not be shared with the partner | | | | |
| B. Information about the partner's HIV status will not be shared with the index client | | | | |
| 4. Partner Elicitation | | | | |
| A. Reviews Importance of Partner Testing | | | | |
| B. Identifies Partner(s), Probing as Necessary | | | | |

| | | | | | |
|----|---|--|--|--|--|
| C. | Conducts IPV Screen for Each Named Partner | | | | |
| D. | Records Partner Contact Information for Each Named Partner | | | | |
| E. | Reviews and Determines the Preferred Method for Contacting Each Named Partner | | | | |
| F. | Identified Client's Concerns | | | | |
| G. | Assisted Clients to Address These Concerns | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 6. Communication Techniques Utilized | | | | | |
| A. | Established Rapport | | | | |
| B. | Used Open-Ended Questions | | | | |
| C. | Communicated at Patient's Level | | | | |
| D. | Solicited Patient's Feedback | | | | |
| E. | Listened Effectively | | | | |
| F. | Paid Attention to Non-Verbal Cues | | | | |
| G. | Presented Factual Information | | | | |
| H. | Used Affirming Statements to Normalize Client Challenges | | | | |
| I. | Reinforced the Client's Commitment to Notify Their Partner | | | | |
| J. | Summarized Client's Plan | | | | |

| | | | | |
|--|--|--|--|--|
| 7. Made Appropriate Referrals (when applicable) | | | | |
|--|--|--|--|--|

AUDITOR'S COMMENTS & RECOMMENDATIONS

[Large empty grey box for Auditor's Comments & Recommendations]

FOLLOW-UP ACTION(S)

None Monthly Observations Additional Observation/Training Performance Improvement Plan (PIP)

Other (Specify):

ACKNOWLEDGEMENTS

| Provider Signature | Review Date | Supervisor Signature | Review Date |
|--|--------------------|--|--------------------|
| <i>My signature indicates the following:</i> | | <i>My signature indicates the following:</i> | |
| <i>My supervisor has reviewed the results of this observation with me;</i> | | <i>I have reviewed the results of this observation with the index testing provider;</i> | |
| <i>I have been given an opportunity to ask questions and seek clarification; and</i> | | <i>The provider has been given an opportunity to ask questions and seek clarification; and</i> | |
| <i>I understand the actions that I must undertake in order to</i> | | <i>I have explained the actions that must be undertaken by the</i> | |

Supportive Supervision Tools: Field Visit Observation Form

Date of Observation: ____ / ____ / ____

Name of Index Testing Provider:

Name of Observer/Supervisor:

| | | Not Observed/ Not Applicable | Needs Improvement | Satisfactory | Excellent |
|---|--|---------------------------------|----------------------|--------------|-----------|
| 1. Organization | | | | | |
| A. | Request for Home Visit Is Clearly Documented in Index Register | | | | |
| B. | Provider Identified Location of Partner/Child's Home | | | | |
| C. | Provider Developed a Clear Transportation Plan | | | | |
| D. | Provider Notified Supervisor of Plan for the Home Visit | | | | |
| E. | Followed Script for Contacting Partner about the Home Visit | | | | |
| 2. Projected Professional Image During the Field Visit | | | | | |
| 3. Confidentiality | | | | | |
| A. | Verified Patient's Identity | | | | |
| B. | Chose Confidential Location for Conversation | | | | |
| 4. Delivery of Health Risk Information | | | | | |
| A. | Conveyed Information in a Culturally Competent Manner | | | | |
| B. | Shared Accurate Medical Information | | | | |
| C. | Secured Commitment for Testing | | | | |

5. Delivery of HIV Testing Services

| | | | | | | |
|----|---|--|--|--|--|--|
| A. | Offered Appropriate Pre-Test Counseling | | | | | |
| B. | Secured Appropriate Informed Consent for Testing | | | | | |
| C. | Obtained a Blood Sample Using Standard Techniques | | | | | |
| D. | Conducted the HIV Rapid Tests According to Manufacturer Guidelines/National Algorithm | | | | | |
| E. | Provided Appropriate Post-Test Counselling | | | | | |
| F. | Obtained Contact Info and Provided Appointment for All Individuals Testing HIV-Positive | | | | | |
| G. | Offered Index Case Testing Services to All Newly Diagnosed Partner(s) and Child(ren) | | | | | |
| H. | Provided Referral to VMMC for HIV-Negative Men | | | | | |
| I. | Had All Appropriate Supplies and Equipment to Conduct HIV Testing | | | | | |
| J. | Disposed of Wastes and Sharps Appropriately | | | | | |

6. Persistence in Field Investigations

| | | | | | | |
|----|--|--|--|--|--|--|
| A. | Tried a Variety of Times of Day to Locate Partner | | | | | |
| B. | Used a Variety of Methods to Contact Partner (e.g. text, phone call, home visit) | | | | | |

7. Documentation of Field Activities

| | | | | | | |
|----|---|--|--|--|--|--|
| A. | Index Testing Register and Forms Completed Immediately After Field Investigative Effort | | | | | |
| B. | Documentation Is Clear and Accurate | | | | | |

AUDITOR'S COMMENTS & RECOMMENDATIONS

[Large empty grey box for Auditor's Comments & Recommendations]

FOLLOW-UP ACTION(S)

- None Monthly Observations Additional Observations/Training Performance Improvement Plan (PIP)
 Other (specify):

IMPROVEMENT TIMEFRAME

- Not Applicable Provider must demonstrate improvement in deficient area(s) by the following date: ___ / ___ / ___ *

**Must not exceed 30 calendar days beyond the audit review date.*

ACKNOWLEDGEMENTS

| _____/_____/_____ Provider Signature | _____/_____/_____ Review Date | _____/_____/_____ Supervisor Signature | _____/_____/_____ Review Date |
|--|---|--|---|
| <i>My signature indicates the following:</i> | | <i>My signature indicates the following:</i> | |
| <i>My supervisor has reviewed the results of this observation with me;</i> | | <i>I have reviewed the results of this observation with the provider;</i> | |
| <i>I have been given an opportunity to ask questions and seek clarification; and</i> | | <i>The provider has been given an opportunity to ask questions and seek clarification; and</i> | |
| <i>I understand the actions that I must undertake in order to</i> | | <i>I have explained the actions that must be undertaken by the provider in order to improve any deficient areas.</i> | |

Supportive Supervision Tools: Guide for Conducting Chalk Talks (Case Conferences)

What Are Chalk Talks?

Chalk talks are routine meetings attended by index testing providers and their program supervisor and/or mentor. It provides a forum for index testing providers to share difficult cases and learn from each other.

What Are Ground Rules for the Chalk Talks?

- Chalk talks are mandatory meetings and must be attended by the supervisor and all index testing providers;
- Chalk Talks are not critiques but an opportunity to provide constructive information and feedback;
- Everyone's contributions are valued;
- Participation is encouraged and accepted from all;
- Only one person should speak at a time;
- Listen and respect all input without interruption;
- Build or "piggyback" on others' ideas;
- Introduce strategies you've tried or creative strategies ("Think outside of the box") as possible solutions;
- Be specific with your thoughts;
- Consider all suggestions and feasibility without the need to defend;
- All cell phones and pagers on "off" or "vibrate"
- Make this a safe and enjoyable process and environment.

How Often Should Chalk Talks Occur?

Ideally, chalk talks should occur once a month. However, chalk talks can occur biweekly in high volume facilities or at facilities that are struggling to meet targets.

What Preparation Is Required for a Chalk Talk?

- The supervisor/mentor identifies case(s) or issues to be presented and informs the responsible index testing provider of the need to prepare a short presentation;

- Staff are informed of chalk talk time and location;
- Supervisor identifies an employee to act as the note keeper so that information and ideas are recorded and shared with participants following the meeting.

What Criteria Should Be Used to Select a Case for Chalk Talks?

- Unable to locate contact(s)
- Uncooperative/irate index testing client
- Difficult case (e.g. an adolescent girl with an older male partner; a man who agrees to notify his wife but not his girlfriend; a mother who refuses to bring her child for testing, etc.)
- Any case needing assistance

What Happens during the Chalk Talk?

- Supervisor reminds participants of the ground rules;
- The presenting provider/counselor gives an overview of the index client and his or her contacts (both partners and children), problems they encountered, strategies they tried, and the next plan of action;
- The supervisor then leads a group discussion on gaps or inconsistencies identified as well as suggestions from the participants on what to do next;
- The supervisor notes all suggestions on a piece of flip chart paper;
- At the end of the discussion, the supervisor reviews the groups' recorded suggestions and helps the provider/counselor prioritize the next intervention steps and create a realistic plan of action.

What Happens after the Chalk Talk?

- The supervisor should ensure that the index testing provider attempts all suggestions and recommendations in a timely manner;
- A follow-up summary should be presented at a subsequent Chalk Talk

Key Populations Classification Document

From PEPFAR MER Guidance, October 2018

| Key Population Classification (core) | 6/14/2016 |
|--|--|
| <p><i>This assessment was developed to be used in both community and facility health care settings for the purpose of helping providers identify the types of services needed by the client. The complete form should be offered to all clients, regardless of providers' assumptions about whether the client is a key population member or not. Note- all script in normal text should be read out loud to the client, italicized text is instruction to the provider.</i></p> | |
| <p>Health Care Provider script to Client: "I will be asking you about some sexual and drug using risk behaviors. Your responses will help me/us provide you with better care. Your answers to these questions will be kept in your confidential clinic record. Answering these questions is voluntary and you can refuse to answer any question and still receive the service you've come here for today."</p> | |
| <p>1. Do you consider yourself: male, female, transgender or other?</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER (male to) FEMALE <input type="checkbox"/> TRANSGENDER (female to) MALE <input type="checkbox"/> _____ OTHER <input type="checkbox"/> REFUSE TO ANSWER</p> | <p><i>If TRANSGENDER (male to) FEMALE: client was born a boy, but identifies as a woman</i></p> <p><i>If TRANSGENDER (female to) MALE: client was born a girl, but identifies as a man</i></p> |
| <p>2. What was your sex at birth? Male or Female?</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> _____ OTHER <input type="checkbox"/> REFUSE TO ANSWER</p> | |
| <p>3. Do you have sex with: men, women, or both?</p> <p><input type="checkbox"/> MEN ONLY <input type="checkbox"/> WOMEN ONLY <input type="checkbox"/> BOTH MEN AND WOMEN <input type="checkbox"/> REFUSE TO ANSWER</p> | |
| <p>4. Is selling sex your <u>main source</u> of income ?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSE TO ANSWER</p> | |
| <p>5. In the last <u>6 months</u>, have you injected illicit or illegal drugs ?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSE TO ANSWER</p> | |
| <p>Key Population Classification</p> | |
| <p>If client answers Male to Q1 and answers Men Only or Men and Women to Q3, then classify as MSM</p> | <p><input type="checkbox"/></p> |

| | |
|--|--------------------------|
| If client answers Transgender MTF or FTM to Q1, or if client identifies as a gender different from their birth sex, then classify as TG | <input type="checkbox"/> |
| If client answers Yes to A4, then classify as SW | <input type="checkbox"/> |
| If client answers Yes to Q5, then classify as PWID | <input type="checkbox"/> |
| If client is currently incarcerated, then classify as Person in Prison | <input type="checkbox"/> |
| Final Classification : (mark *ALL* that apply) <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> SW <input type="checkbox"/> PWID <input type="checkbox"/> Person in Prison <input type="checkbox"/> NONE | |
| *Some clients may belong to more than one category due to overlapping vulnerabilities and behavior | |

Role-Plays

Work in groups of three. One person will play the role of the provider, another person will play the role of the index client, and another person will observe.

Instructions for Providers (All Scenarios):

- Providers should deliver only the first four steps of partner notification.
- Use the information we discussed about delivering the steps in partner notification.
- Refer to the visual checklist to help you remember each of the four steps. If necessary, refer to the learning guide until you feel comfortable using only the visual checklist.
- Remember to use good counseling skills and the attributes of effective index testing and partner services providers.
- Once you have completed steps 1–4, stop the role-play and ask the index client and observer for the following feedback:
 - Steps you performed well and why (Ask them to focus on specifics, not just “good job.”)
 - Suggestions for improvement (Again, ask them to give specific feedback such as, “You could improve your ability to maintain eye contact with the client.”)
- As a reminder, here are steps 1–4:
 1. Introduce partner notification to the index client and obtain consent.
 2. Obtain a list of partners who might be at risk of HIV infection.
 3. For each listed partner, record contact information, screen for intimate partner violence, and determine the preferred notification method.
 4. Obtain a list of all children under 12 years old who might be at risk for HIV infection, and agree on the location and date for testing the child.

Instructions for Observers (All Scenarios):

- Observe the provider as they deliver only the first four steps of index testing and partner services to the index client.
- Observe and record the counseling skills they use to deliver these steps.
 - *Examples:* Active listening, open-ended questions, empathy, paraphrasing, nonjudgmental language, open and welcoming body language, appropriate eye contact
- Also note the attributes of an effective index testing and partner services provider that the counselor displays.
 - *Examples:* Does not let personal attitudes or beliefs influence discussion, able to tolerate intense discussions, maintains control of discussion and is able to guide discussion, patient and understanding, acknowledges client views
- Pay attention to how the provider delivers each of the four steps, the language they use, how they get the information from the client, and how they use the data forms.
- Pay attention to how the provider uses the index testing and partner services visual checklist and/or the learning guide. The goal is to be able to use only the visual checklist to provide index testing and partner services.
- Note the things that the provider does well and areas where the provider could improve.
- Once the provider has delivered steps 1-4, stop the role-play, and provide feedback to the provider:
 - Steps performed well and why they were performed well (focus on specifics, not just “good job”)
 - Suggestions for improvement (again, give specific feedback such as “You could improve your ability to maintain eye contact with the client”)
- As a reminder, here are steps 1-4:
 1. Introduce partner notification to the index client and obtain concurrence
 2. Obtain a list of partners who may be at risk of HIV infection
 3. For each listed partner, record contact information, screen for intimate partner violence, and determine the preferred notification method
 4. Obtain a list of all children under 12 years old who may be at risk for HIV infection and agree on the location and date for testing the child.

Instructions for Index Client: Scenario I

Your name: Michael

Your age: 33 years old

Your job: Factory work in Kaduna

Your partners:

- **Hannah**, your wife, 25 years old. You have been married for 2 years and you have no children, but you have been trying for the last 3 months. She lives in Kaduna and is a teacher. You love her very much and don't want her to leave you.
- **Lydia**, your girlfriend, 21 years old. She lives in Port Harcourt where you work sometimes. She is pregnant and she says the child is yours. You have fun with Lydia and she is very beautiful, but she is not reliable and has other men in her life.
- **Rebecca**, a one-time partner, a friend of Lydia's whom you had sex with when you were very drunk one night in Port Harcourt. You don't remember if you used a condom or not. You have not talked to her since then.

You have come for HIV testing because you have decided to cut off your relationship with Lydia. When you are tested, you find that your result is HIV-positive. The provider is now talking to you about partner notification. Although you are nervous, you agree to talk more about this and ultimately give the provider the information they are requesting. You are very hesitant about telling Hannah because you know that she will be concerned and not want to have your child.

When the provider asks you what methods of notification you would like to use, you think it might be best to tell Hannah yourself, but if you can't do it, you agree to let the provider help you. You think it might be best for the provider to contact Lydia directly, but you also worry that she will know it is you, especially since you want to break up with her, and because she also knows you slept with Rebecca.

Instructions: Perform this role-play and inform the provider that you would like to use the contract referral approach for notifying your partner(s).

When it comes time to role-play the notification (steps 5–8), inform the provider that you were not able to notify your partner(s) within the specified timeframe for contract referral.

Instructions for Index Client: **Scenario 2**

Your name: Margaret

Your age: 25 years old

Your job: Hotel cleaner in Enugu

Your living situation: You live in Enugu with your mother-in-law, 1-year-old son, and 5-year-old daughter

Your partners:

- **Samson**, your husband, 29 years old. He works in Lagos as a businessperson and comes home to Enugu most weekends. He is a good husband; he takes care of you, and he is kind. But you don't know what he does when he is in Lagos. He hit you one time 3 months ago when he came home late after drinking with his friends. It was the first time.
- **Patrick**, your first true love whom you met in high school. You dated for 4 years and he was the first person you had sex with. After high school he went away to study and you decided it was best to break up so he could focus on his studies. Later you met Samson and were married, and you haven't seen Patrick in over 5 years.

You came to the clinic with your 1-year-old son because he had malaria and needed medication. Because of his sickness, the provider was asking you questions about your own health, and they decided to offer you HIV testing. You don't know if you have ever been tested, and since your friends have talked about this recently, you decide to get tested and know your status.

You did not expect that your results would come back HIV-positive, since you have only really had sex with two people in your life. Now that you have been given the HIV-positive test results, you don't know what the next steps are. The provider is talking to you about how to notify your partners, but you can't imagine telling Samson and are worried about how he will react.

You are very resistant to accepting index testing and partner services. However, after discussing it with the provider for some time, you start to understand the benefits and you accept. You decide that it would be best to tell Samson yourself, but with the help of the provider. You discuss a plan for getting Samson to come to the clinic with you, but you are not sure if he will accept.

Instructions: Perform this role-play and inform the provider that you would like to use the dual referral approach for notifying Samson, but that you have not yet decided on an approach for notifying Patrick. Let the provider probe and help you make a decision about how to notify Patrick.

Instructions for Index Client: Scenario 3

Your name: Timothy

Your age: 49 years old

Your job: Driver

Your living situation: You live in Abuja during the week, and you have a home in Jos with your wife Laura and grown children and another home in Nassarawa with your second wife Christine and your teenage son. You are often on the road for work, whether driving a taxi in Abuja or transporting goods to different towns around the country.

Your partners:

- **Laura**, your wife of 29 years. You have loved Laura for many years, but now you only have sex when you are drunk and don't have money to pay for sex at the bar. Laura is suspicious of your behavior with other women, and you think that is why she is not interested in having sex with you anymore.
- **Christine**, your second wife of 14 years. You also love Christine, and at times you prefer to stay with her instead of going home to Jos. Christine lets you do what you want and doesn't give you a hard time like Laura does.
- **Mary**, your girlfriend for the last 2 years. You have a small child with her, although you don't see her often. You send her money for the child when you have it sometimes.
- You have paid for sex with many women since you are on the road and there are many beautiful women in the towns where you travel. You do not have any other wives, but you have had three other girlfriends, including one named **Nancy** whom you just saw last week in Abuja.
- There is a brothel you go to occasionally in Abuja and a bar that you hang out at in Jos, where you have also paid for sex. But you can't remember the names of the women you've had sex with there. Sometimes it is only oral sex, but other times it is more.

A program was offering HIV testing services at night for some of the drivers near Jos. Since you happened to be in the area with your friends, you all decided to go and get tested. Your friend already got tested and then went home to his wife. You have just received your test results and told that you are HIV-positive. You are in shock, but since you haven't been tested since 2015, you can think back to the women you have had sex with and you know you could have prevented this. The provider has told you about the treatment that is available, and now the provider wants to talk to you about notifying your partners. You agree to give the information, but you don't have contact information for some of your partners. You think it might be best for you to tell Christine on your own, but you are afraid that Laura might beat you when she finds out, so you opt to have the provider notify her directly. You also tell the provider to notify Nancy and Mary, but you cannot remember any contact information for any of the other women you've had sex with.

Instructions: Perform this role-play and inform the provider that you would like to use the provider referral approach for notifying Laura. You have not yet decided on the approach for notifying other partners. Let the provider guide the discussion about how to notify these other partners.

When it comes time to conduct the notification (steps 5–8), let the provider practice notifying Laura using the provider referral approach.

HIV Index Testing and Partner Services: Course Evaluation

Instructions: Read each of the items below. For each item, provide your opinion by circling the appropriate rating number on the 1–5 scale. The scale values are as follows:

5: Strongly Agree 4. Agree 3. No Opinion 2. Disagree 1. Strongly Disagree

| Course Component | Rating |
|---|-----------|
| The course objectives were clear. | 1 2 3 4 5 |
| The course content related to my work and will help me provide index testing and partner services. | 1 2 3 4 5 |
| There was sufficient time to practice skills during the course. | 1 2 3 4 5 |
| The course facilitator involved me during course sessions. | 1 2 3 4 5 |
| The course facilitator clearly demonstrated required skills. | 1 2 3 4 5 |
| The course facilitator observed me practice and provided feedback during the course. | 1 2 3 4 5 |
| The course materials were helpful in learning the required knowledge and skills. | 1 2 3 4 5 |
| The index testing and partner services learning guide, performance checklist, and visual checklist were helpful to me in learning how to perform the required skills. | 1 2 3 4 5 |
| I am now confident in my ability to provide HIV index testing and partner services on the job. | 1 2 3 4 5 |

Additional Feedback: Please respond to these questions:

What did you like the most about this course?

What changes could be made (if any) to improve this course?
