

Kingdom of Cambodia
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Ministry of Health

STANDARD OPERATIONAL PROCEDURE FOR



PARTNER NOTIFICATION SERVICES AND OTHER FORMS OF INDEX CLIENT TESTING

1st edition, June 2018



National Center for HIV/AIDS, Dermatology and STD

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PREFACE

Cambodia is one of the successful countries in the Western Pacific Region in the national response to HIV epidemic by reducing the HIV prevalence among people aged 15-49 years-old from 1.6% in 1998 to 0.6% in 2017. It is estimated that there are 68, 678 people who are living with HIV (PLHIV) in Cambodia in 2017.

At the end of quarter four of 2017, there were 58,516 patients enrolled in the treatment and care settings. However, it is estimated that 10,000 PLHIV remained undiagnosed. To resolve this, the National program has applied new strategies including Partner Notification Tracing and Testing (PNTT). The PNTT SOP aims to guide the implementer clear and practical steps to help the index cases and the program to notify the partners and have them tested for HIV.

The PNTT approach is an important and successful approach which has been applied in STI and TB program for many decades in many countries in the world. The PNTT has been applied successfully in HIV program in the United States, Kenya, Malawi, and other countries in Africa.

I would like to congratulate NCHADS and all development partners who were actively participated in developing this important standard operational procedure. The Ministry of Health has officially approved for the use of the SOP to implement for Partner Notification Tracing and Testing Services in Cambodia to implement the SOP successfully.

Phnom Penh, 04 / April / 2018

Minister of Health



ENG HUOT
SECRETARY OF STATE

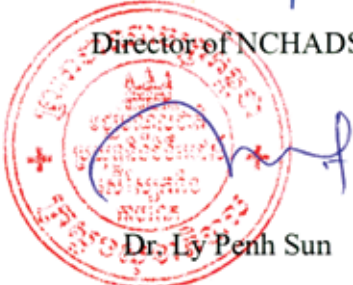
ACKNOWLEDGMENTS

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to express its appreciation and sincere thanks to all relevant NCHADS Units including AIDS Care, Data Management, and development partners including WHO, US-CDC, USAID, FHI 360 (LINKAGES project) and KHANA, who actively contributed to the successful development of the Standard Operational Procedure for the implementation of Partner Notification Tracing and Testing in Cambodia.

Our special thanks to Mr. Mam Sovatha, Mr. Chea Chamnan, Dr. Samreth Sovannarith, Dr. Ngauv Bora, Dr. Chan Sodara, Dr. Ahmed Saadani Hassani, Dr. Laurent Ferradini and Dr. Deng Serongkea for their significant inputs and efforts in coordinating, developing, and editing this important SOP.

Phnom Penh, 02 / April / 2018

Director of NCHADS



Dr. Ly Penh Sun

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I. BACKGROUND AND RATIONALE

The estimated number of PLHIV in 2017 is 68,678 (NCHADS-UNAIDS: estimation of PLHIV in Cambodia, February 2015) of whom 58,516 patients are registered in care by the end of fourth quarter of 2017 (NCHADS ART quarterly report). The national estimate is about 10,000 PLHIV remained undiagnosed. To address this gap in knowledge of HIV status and to achieve the national testing and treatment goals – in particular, the first of the 90–90–90 goals, to diagnose 90% of people with HIV infection by 2020 – new approaches are needed that enhance the efficiency and coverage of testing. HIV partner notification is an approach that has the potential to improve testing coverage while also identifying people with undiagnosed HIV infection.

Assisted partner notification has been an important public health approach in infectious disease management for decades, including in programs targeting sexually transmitted infections (STIs) and tuberculosis (TB) in other countries in the world. Two key elements in the approach are:

- **Index client:** an individual newly diagnosed as HIV-positive and/or an HIV-positive individual who is enrolled in HIV treatment services
- **Partner Notification:** voluntary process where counsellors and/or health care workers ask index clients to list all their: (1) sexual or IDU needle sharing partners within the past year, and (2) children. After obtaining consent from the index client, each listed partner and child is: (1) contacted, (2) informed that they have been exposed to HIV, and (3) offered voluntary HIV testing services (HTS).

Several trials conducted in Kenya (Ref. 1), Malawi (Ref. 2) and the United States (Ref. 3) and some other studies (Ref. 4-10) have demonstrated that partner notification can: a) increase uptake of HTS and, b) can result in high proportions of HIV-positive people being diagnosed, c) can result in increased linkage to care among partners of HIV-positive individuals, and d) reported social harm and other adverse events following HIV partner notification using passive or assisted approaches have been rare.

Traditional Partner Notification vs. Innovative Assisted HIV Partner Notification

The traditional partner notification approach called:

- **Client Referral**, in which the index client takes responsibility for disclosing their HIV status to partner(s) and encouraging partner(s) to seek HTS.

Innovative Assisted HIV Partner Notification Approaches consist of three options that have been developed and implemented to improve partner notification activities among different populations, including key populations (11):

- **Contract Referral** = the index client enters into a “contract” with the counsellor and/or health care provider whereby he or she agrees to disclose their HIV status to all partner(s) and refer them to HTS within a certain time frame. If partner(s) do not access HTS within this period, counsellors/providers contact the

partner(s) directly to notify them that they may have been exposed to HIV. Counsellors/providers then offer voluntary HTS to partner(s) and other listed family members who may be at-risk while maintaining the confidentiality of the index client.

- **Provider Referral:** With the consent of the HIV-positive index client, the counsellor/provider directly contacts the client's partner(s), informs them that they have been exposed to HIV, and offers them voluntary HTS while maintaining the confidentiality of the index client.
- **Dual Referral:** A trained provider sits with the HIV-positive client and his/her partner(s) to provide support as the client discloses his/her HIV status. The provider also offers voluntary HTS to the partner.

In the past, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) has developed tools for partner notification tracing and testing (PNTT) and included them within other Standard Operational Procedures (SOPs) such as Boosted Continuum of Prevention to Care and Treatment for Most at Risk Populations (BCoPCT); or Boosted Integrated Active Case Management-Partner Notification, Tracing and HIV Testing (BIACM-PNTT).

Currently, a variety of approaches are used in Cambodia, for instance, an invitation letter or referral slip is given to index case to hand to the partner, or health provider contacted the partner. However, the implementation of these approaches are not standardized and irregular. In addition, there is a need to have standardized tools for monitoring outcomes.

In a recent evaluation of efforts to implement PNTT in Cambodia, a major conclusion was that field staff often lacked clarity on critical aspects of PNTT implementation, and that a unified and more in-depth SOP was needed (K. Vohith et al, Nov. 2016). Therefore, the current document is an effort to respond to the need for more in-depth and practical guidance on implementation of PNTT in Cambodia.

Given that a major priority of the national program is to identify undiagnosed HIV positive cases, PNTT is a critical strategy as the index client is a key link for finding other positive cases (the partners of the index cases). The development of the PNTT SOP is therefore crucial in guiding the approaches to trace the partners of HIV positive cases, have them tested, and given appropriate treatment and care accordingly.

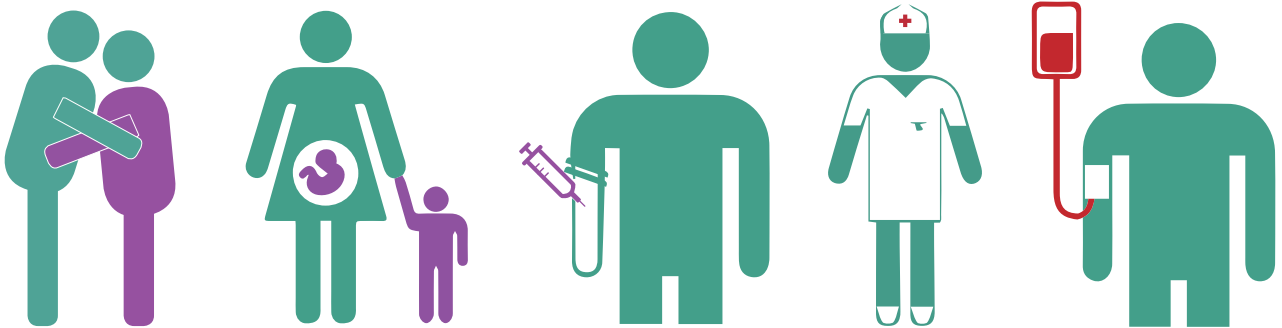


II. GOAL AND OBJECTIVES

The goal of partner notification is to break the chain of HIV transmission by offering HIV testing services to persons who have been exposed to HIV and linking them to HIV treatment if positive; or prevention services if negative.

The specific objectives of the standard operational procedure are:

1. To provide clear and practical steps to the health care providers of when, who, and where partner notification services should be offered
2. To improve identification of exposed partners and children of index clients, their access to the nearest HIV testing services and linkage to care.



III. PRINCIPALS OF PARTNER NOTIFICATION SERVICES

In order to ensure optimal implementation of PNTT in Cambodia, the following principals should be followed:

- **Client centered** = partner notification services should be focused on the needs and safety of the index client and his or her partner(s) and children
- **Client chooses** the best option for his/her circumstances
- Delivered in a **non-judgmental manner**.
- **Confidential** = both the confidentiality of the index client and all named partners and children should be maintained at all times. The identity of the index client should not be revealed and no information about partners should be conveyed back to the index client (unless explicit consent from all parties is obtained).
- **Voluntary and non-coercive** = participation should be voluntary for both the index client and his or her partner(s) and child(ren)
- **Accessible and available to all** = partner notification should be available to all index clients regardless of where they are diagnosed
- **Comprehensive and integrative** = partner notification services should include strong referral and linkages to HIV treatment and prevention services.



IV. CONSIDERATIONS FOR OFFERING PARTNER NOTIFICATION SERVICES

4.1 WHEN SHOULD PARTNER NOTIFICATION SERVICES BE OFFERED?

Partner notification services are **NOT** a one-time event but should be offered continually:

1. Immediately after confirmed HIV diagnosis at enrollment in ART
2. At every ART patient visit, the counselor should update the following information in the partner notification form (A2 Form):
 - **New Partners:** Ask if there is any new sexual partners, needle sharing partners or children that have not previously been listed on the A2 Form. If there is, offer PNTT for those new individuals.
 - **New Information on Existing Partners:** check if any partner previously listed on the A2 Form has been contacted, tested or enrolled in treatment since the last time the form was updated.

4.2 WHERE AND WHO SHOULD OFFER PARTNER NOTIFICATION SERVICES?

At ART facility. The counsellors at ART facility (facility based worker (FBW), community action counselor (CAC), and community action worker (CAW) are responsible for offering PNTT services to all enrolled ART clients.

The FBW is responsible for offering services for step 1 to 5 and step 7,8 (Figure 1). The CAW is responsible for contacting with partners and children (step 5) by client chooses. The FBW, CAC and CAW will collaborate with each other to assure the PNTT services offered effectively from step 1-8 under the leadership of the ART Team leader.

4.3 OTHER CONSIDERATIONS FOR OFFERING PARTNER NOTIFICATION SERVICES

Appropriate security and confidentiality procedures (HTS guideline) should be put in place **BEFORE** starting partner notification services to protect the safety of both the index client and all named partners.

As with all HIV testing services, partner notification activity should create strong referral linkages with:

1. Comprehensive HIV treatment programs for individuals testing HIV positive.
2. HIV prevention services (including condoms, and post-exposure prophylaxis) for individuals testing HIV negative.

When a partner tests HIV positive, he/she becomes a **new index patient**, and the PNS process starts over from the beginning.

V. STEPS FOR IMPLEMENTATION OF INDEX PARTNER TESTING SERVICES

Figure 1 provides an overview of the steps for index partner testing services (Ref.13)

5.1 STEP 1: INTRODUCE PARTNER NOTIFICATION SERVICES TO THE INDEX CLIENT & GET VERBAL CONSENT

Use the “What is Partner Notification and Testing and Its Importance” job-aid (Fig. 2) to introduce the index client to Partner Notification Services.

This layout missing other two points. please check in the word file.

1. Explain the benefits of Partner Notification Services by reading the section “Why is it important?”
2. Discuss the process of Partner Notification Services by reading the section “What is it?” Use the “Options for Notifying Your Partner About HIV Testing” job-aid to explain the different methods for contacting their partner.
3. Obtain consent from the index client by reading the section “Do you agree?” and verbally asking if they would like to take part of the Partner Notification Service. Record their content response (Yes or No), ART number and sex on the A2 Form section highlighted below (Fig. 4).



STEPS FOR PARTNER NOTIFICATION AND TESTING

STEP 1: Introduce Client to Partner Notification Services and Verbal Consent

Use "What is Partner Notification and Testing" job aid introduce Client to Partner notification services

Ask for verbal consent and record response in " consent to PNNT" feld in the A2 Form

— "No" ▶

No Record Client Refusal

Yes
▼

STEP 2: Screen Index Client for risk factors

Use "Risk Screening" section in A2 form to Screen for Risk

STEP 3: Obtain List of Sexual Partners, Need

Use "Partner Boxes" and "Child Boxes" to record name age sex gender and contact information

STEP 4: Screen for intimate partner Violence(IPV)

For each partner, use " Inmate Partner Violence Screening" section to Screen for IPV

— Yea to
any IPV
Questions ▶

Exclude partners
posting a high risk
of IPV, refer services
where available
and discuss options
for disclosure

STEP 5: Determine Notification Plan for Each Partner

For each partner use "Options for Notifying Your Partner About HIV Testing" job aid to pick option.

STEP 6: Work with Index Client to begin contacting partner(s) and children

Client Referral: Coach client on disclosure: Provide "Tips for Telling Your Partner about HIV" and "Referral Slip"

Contract Referral: Provide "referral slip" and "disclosure script"; agree that client will refer partner for HTS within 30 days.

Provider Referral: Initiate partner contact attempts using "telephone and home visit scripts"

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

STEP 7: Record any outcomes of Partner Notification Services

HIV Test: If partner received an HIV test, Record the result in the "Outcomes" section of the A2 Form

Refused Testing: If the partner refuses HIV testing record the results in the "Outcomes" section of the A2 Form

On ART: If the partner is confirmed to be on ART, record the results in the "Outcomes" section of the A2 Form

STEP 8: Continually Update Outcomes and Check for New Partners Anytime the Index Client has an ART Appointment

FIGURE 1: STEPS FOR PARTNER NOTIFICATION

WHAT IS PARTNER NOTIFICATION AND TESTING?

WHY ITS IMPORTANT? It is important that your sexual, needle sharing and children know their status so you can help them remain healthy.



HIV Positive Partners/Children: can start on HIV treatment to keep them healthy and reduce risk that they will pass on HIV to other partners and/or children



HIV Negative Partners: can access HIV prevention services to help them remain HIV-negative, including condoms, and post-exposure prophylaxis

WHAT IS IT? This clinic is offering Partner Notification Services to assist you in contacting your partners so they can learn their HIV status

We know sharing your HIV status to partners can be difficult, so we've created a service to help you with this task. If you agree we will.



Make a list of your partners/children: we will help you think of anyone who you have had sex with or shared a needle with. We will also ask about any biological children currently in your care.



Help you decide how you want to contact partners/children: we will help you decide what is the best way to contact each of your partners/children (see an option for notifying your partner).



Connect your partners/children to testing: based on the option you choose; we will support you in connecting your partners/children to testing sites so they can discover their HIV status



Link partners/children to care or prevention: based on their HIV status, we will make sure partners/children get linked to the care or prevention they need to live a healthy life.

DO YOU AGREE? Before we continue the process, we want to make sure you are ok with continuing. Remember.



Confidential: All information will be kept confidential. This means that:

Partners will NOT be told the index clients name of test result without the client consent

The index client will not be told the HIV test result of their partner(s) of whether or not their partner actually tested for HIV.

We will NOT contact your partners without first contacting you to get your permission.

You will continue to receive the same level of care at this health facility regardless of whether you choose to participate in partner notification

FIGURE 2: JOB-AID FOR INTRODUCING PARTNER NOTIFICATION SERVICES

OPTIONS FOR NOTIFYING YOUR PARTNER ABOUT HIV TESTING



OPTION 1: Tell them yourself (Client Referral)

You tell your partner about your HIV status, and encourage him/her to come to the health facility for a test.



OPTION 2: Have a provider contact them (Provider Referral)

A counsellor or other health care provider will call or visit your partner and inform them they need to test for HIV.



OPTION 3: Work with a provider (Contract Referral)

You and a counsellor will work together to notify your partner. You will have 30 days to tell your partner. After which, the counsellor will contact your partner after getting your permission.



OPTION 4: Tell them together (Dual Referral)

The counsellor/provider will sit with you and your partner and support you as you tell your partner about your HIV.

FIGURE 3: JOB-AID FOR EXPLAINING DIFFERENT PARTNER NOTIFICATION OPTIONS

ART/CLINIC ID:	DARE OF VISIT:			CONSENT TO PNNT:		YES	NO	
	No	Ever	6M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RISK SCREENING:	No	Ever	6M			No	Ever	6M
Had sex with a known HIV+ person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used injection drugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reused medical needles with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with a TG partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received money for sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with >4 individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give money for sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Migrated for work (in or out of country)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIGURE 4: A2 FORM HIGHLIGHTING WHERE TO RECORD CONSENT

5.2 STEP 2: SCREEN THE INDEX CLIENT FOR RISK

Ask the clients the risk screening questions from the “Risk Screening” section of the A2 Form. For each question ask them if they have:

- Ever: anytime in their lifetime experienced the risk; or
- 6 Months: experienced this risk within the last six months.

ART/CLINIC ID:	DATE OF VISIT:			CONSENT TO PNNT:		YES	NO	
	No	Ever	6M			<input type="checkbox"/>	<input type="checkbox"/>	
RISK SCREENING:	No	Ever	6M			No	Ever	6M
Had sex with a known HIV+ person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used injection drugs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reused medical needles with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with a TG partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received money for sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with >4 individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give money for sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Migrated for work (in or out of country)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIGURE 5: A2 FORM HIGHLIGHTING WHERE TO RECORD RISK SCREENING

5.3 STEP 3: OBTAIN LIST OF SEXUAL PARTNERS, NEEDLE SHARING PARTNERS, AND BIOLOGICAL CHILDREN

It is important to record all sexual partners, needle sharing partners, and children that the index client can remember, as each of these individuals could have been exposed to HIV and needs to be tested.

1. Ask the index client if s/he has any **biological children under 15 years old**. Record each name, age sex, address and phone number in a new “Child Box” in the A2 Form (as shown below). Use a new box for each child. If there is more than two children, continue on additional forms.
2. Ask the index client to list any **sexual partners in past 12 months**. Record each name, age sex, address and phone number in a new “Partner Box” in the A2 Form (as shown below). Indicate what type of sexual relationship they have in the “Relationship to Patient” section. Use a new box for each new partner. If there are more than two partners, continue on additional forms.
3. Ask the index client to list any **needle sharing partners** (even if it was for medical purposes). Record each name, age sex, address and phone number in a new “Partner Box”. Indicate they are a needle sharing partner in the “Relationship to Patient” section. Use a new box for each partner. If there are more than two partners, continue on additional forms.

CHILD 1:				
FULL NAME:	AGE:	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS:	PHONE NUMBERS:			
CHILD TESTING PLAN:	CONTACT ATTEMPTS:			
<input type="checkbox"/> Client Referral: Index client will bring in child. <input type="checkbox"/> Provider Referral: Health care providers will notify family member to bring in child. <input type="checkbox"/> Contract Referral: The index client will bring the child in by ___/___/__. After which the provider will contact a family member. <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly work together to bring in child by: ___/___/__	Date:	Phone or visit	Contacted?	Notes:
	___/___/___	P / V	Y / N	
	___/___/___	P / V	Y / N	
	___/___/___	P / V	Y / N	
	___/___/___	P / V	Y / N	
___/___/___	P / V	Y / N		
OUTCOME:		Contacted HIV test:		
<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____		<input type="checkbox"/> Result: + - Undetermined		
<input type="checkbox"/> Refused testing		<input type="checkbox"/> Other: _____		

FIGURE 6: A2 FORM HIGHLIGHTING WHERE TO RECORD BIOLOGICAL CHILDREN' INFORMATION

PARTNER 1:				
FULL NAME:		AGE:	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		PHONE NUMBERS:		
RELATIONSHIP TO PATIENT: <input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart <input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing <input type="checkbox"/> Other: _____		NOTIFICATION PLAN: <input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions <input type="checkbox"/> Client Referral: Index client will notify partner <input type="checkbox"/> Provider Referral: Health care providers will notify the partner. <input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__		
INTIMATE PARTNER VIOLENCE (IPV SCREENING)		YES	NO	
Hit, kicked, slapped or otherwise physically hurt you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever threatened you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever forced you to do something sexually that make you uncomfortable?		<input type="checkbox"/>	<input type="checkbox"/>	
CONTACT ATTEMPTS:		OUTCOME:		
Date:	Phone or visit	Contacted?	Notes:	
__/__/__	P/V	Y/N	<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____	
__/__/__	P/V	Y/N	<input type="checkbox"/> Refused testing	
__/__/__	P/V	Y/N	<input type="checkbox"/> Conducted HIV test: Result: + - Undetermined	
__/__/__	P/V	Y/N	<input type="checkbox"/> Other: _____	

FIGURE 7: A2 FORM HIGHLIGHTING WHERE TO RECORD SEXUAL AND NEEDLE SHARING PARTNER'S INFORMATION

5.4 STEP 4: SCREEN FOR INTIMATE PARTNER VIOLENCE

Our first duty as healthcare providers is to do no harm. To protect the safety of the index client, partners who pose a risk of intimate partner violence (IPV) should be excluded from partner notification services.

Each partner should be screened for IPV using the three screening questions in the “Intimate Partner Violence Screening” section in the Partner Boxes on the A2 Form (see below). For each question record if the index client response ‘Yes’ or ‘No’.

If the client answers ‘yes’ to ANY of the screening questions, it may not be appropriate to contact this partner, unless the safety of the index client can be assured.

If the index client feels that they will not be safe if you contact their partner, explore alternatives to partner notification. Examples include:

- Community testing in the area where the partner lives, or
- Couple’s testing, where both partners learn their status together, and a counselor is available to help mediate any potential tension.

Refer client to IPV services, where they are available

PARTNER 1:				
FULL NAME:	AGE:	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS:	PHONE NUMBERS:			
RELATIONSHIP TO PATIENT: <input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart <input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing <input type="checkbox"/> Other: _____	NOTIFICATION PLAN: <input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions <input type="checkbox"/> Client Referral: Index client will notify partner <input type="checkbox"/> Provider Referral: Health care providers will notify the partner. <input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__			
INTIMATE PARTNER VIOLENCE (IPV SCREENING)	YES	NO		
Hit, kicked, slapped or otherwise physically hurt you?	<input type="checkbox"/>	<input type="checkbox"/>		
Ever threatened you?	<input type="checkbox"/>	<input type="checkbox"/>		
Ever forced you to do something sexually that make you uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>		
CONTACT ATTEMPTS:	OUTCOME:			
Date: Phone or visit Contacted? Notes:	<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____			
__/__/__ P/V Y/N	<input type="checkbox"/> Refused testing			
__/__/__ P/V Y/N	<input type="checkbox"/> Conducted HIV test: Result: + - Undetermined			
__/__/__ P/V Y/N	<input type="checkbox"/> Other: _____			
__/__/__ P/V Y/N				

FIGURE 8: A2 FORM HIGHLIGHTING INTIMATE PARTNER VIOLENCE SCREENING QUESTIONS

5.5 STEP 5: DETERMINE NOTIFICATION PLAN FOR EACH PARTNER

Review the four options for partner notification using the “Options for Notifying Your Partner about HIV” job aid (Figure 3). Help index client decide which option they would like to use for each partner. They can use different options for different partners.

Document the chosen referral method for each partner in the “Notification Plan” section of the A2 form (shown below). If a partner will not be notified due to IPV select ‘deferred due to IPV’ in this section.

PARTNER 1:				
FULL NAME:		AGE:	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		PHONE NUMBERS:		
RELATIONSHIP TO PATIENT:		NOTIFICATION PLAN:		
<input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart <input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing <input type="checkbox"/> Other: _____		<input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions <input type="checkbox"/> Client Referral: Index client will notify partner <input type="checkbox"/> Provider Referral: Health care providers will notify the partner. <input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__		
INTIMATE PARTNER VIOLENCE (IPV SCREENING)		YES	NO	
Hit, kicked, slapped or otherwise physically hurt you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever threatened you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever forced you to do something sexually that make you uncomfortable?		<input type="checkbox"/>	<input type="checkbox"/>	
CONTACT ATTEMPTS:		OUTCOME:		
Date:	Phone or visit	Contacted?	Notes:	
__/__/__	P/V	Y/N		<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____
__/__/__	P/V	Y/N		<input type="checkbox"/> Refused testing
__/__/__	P/V	Y/N		<input type="checkbox"/> Conducted HIV test: Result: + - Undetermined
__/__/__	P/V	Y/N		<input type="checkbox"/> Other: _____

FIGURE 9: A2 FORM HIGHLIGHTING NOTIFICATION PLAN OPTIONS

5.6 STEP 6: WORK WITH INDEX CLIENT TO BEGIN CONTACTING PARTNER(S) AND CHILDREN

Based on the notification plan the index client has chosen for each partner, follow the corresponding steps to begin contacting the partner(s) and/or children.

If the client chooses **client referral (Option #1)**:

- Review the **“Tips and Scripts for Telling Your Partner about Your HIV”** (Annex 2).
- Allow the index client to practice saying the script until they feel confident that they can say the words.
- Brainstorm some questions that their partner might have and help the client determine some possible answers.

- Give them the Referral Slip (Annex 3). The referral slips should be available with the counselors at the ART clinic.
- Instruct the client to give the referral slip to their partner(s) at the end of their conversation.
- Make an appointment with the index client coincided with next care/treatment appointment to follow up and confirm that the partner(s) have been tested.

If the client chooses **contract referral (Option #3)**:

- Follow the same steps as for client referral
 - Review the **“Tips and Scripts for Telling Your Partner about Your HIV”** and
 - Instruct clients to give the referral slip to their partner(s).
- Identify a date **30 days from today’s date** and agree with the client that they will notify and refer their partner(s) for HIV testing by this date.
- Record the date on **Form A2 in the “Notification Plans” section under “Contract Referral”**.
- Remind the client that if their partner(s) do not come for an HIV test by that date, you will call to get his or her permission to directly contact the partner(s).
- **After 30 days have passed**, call the index client and determine if the partner(s) have been tested.
- If not, obtain the client’s permission to contact the partner(s) and follow the methods for **provider referral**.
- If the client does not provide permission to contact their partner(s), record this outcome at the OUTCOME part for this partner on Form A2.

If the client chooses **provider referral (Option #2)**:

- Begin contacting partner(s) via telephone using the **“Script for Partner Notification: Phone Call”** (Annex 4).
- 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”.
- Use the provided script for leaving voice mails (Annex 5).
- If you are unable to contact the partner after 3 phone attempts, conduct a home visit to the partner(s) at their physical address (conducted by CAW). Use the **“Script for Partner Notification: Home Visit”** (Annex 6) for this initial contact with the partner(s).
- Document the outcomes of all attempts to contact the partner at **“CONTACT ATTEMPTS”** part on Form A2.

If the client chooses **dual referral (Option #4)**:

- Identify how the client would like to notify the partner: in the facility or in the home?
- If in the facility, schedule an appointment for the client to bring in their partner.
- Give the invitation letter to the client to share with their partner, inviting the partner for health services at the facility
- If in the home, schedule a date when you (CAW) will visit the client and his/her partner in their home.

Record all contact attempts in the “Contact Attempts” section in that partner/child’s box (shown below). Fill out the date of contact, whether it was a phone call or in-person visit, whether you were successful in contacting them, and any notes you may have.

PARTNER 1:				
FULL NAME:		AGE:	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		PHONE NUMBERS:		
RELATIONSHIP TO PATIENT:		NOTIFICATION PLAN:		
<input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart <input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing <input type="checkbox"/> Other: _____		<input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions <input type="checkbox"/> Client Referral: Index client will notify partner <input type="checkbox"/> Provider Referral: Health care providers will notify the partner. <input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__		
INTIMATE PARTNER VIOLENCE (IPV SCREENING)		YES	NO	
Hit, kicked, slapped or otherwise physically hurt you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever threatened you?		<input type="checkbox"/>	<input type="checkbox"/>	
Ever forced you to do something sexually that make you uncomfortable?		<input type="checkbox"/>	<input type="checkbox"/>	
CONTACT ATTEMPTS:				
Date:	Phone or visit	Contacted?	Notes:	
__/__/__	P/V	Y/N		
__/__/__	P/V	Y/N		
__/__/__	P/V	Y/N		
__/__/__	P/V	Y/N		
OUTCOME:				
<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____ <input type="checkbox"/> Refused testing <input type="checkbox"/> Conducted HIV test: Result: + - Undetermined <input type="checkbox"/> Other: _____				

FIGURE 10: A2 FORM HIGHLIGHTING CONTACT ATTEMPTS SECTION

5.7 STEP 7: RECORD OUTCOMES OF PARTNER NOTIFICATION SERVICES

In the “outcome section” of each partner’s box document:

- If the partner **received an HIV test**, document his HIV test result.
- If the partner **refused testing**, document his refusal.
- If the partner is **known to be on treatment**, record their ART/CLINIC ID.
- If there are any **other outcomes**, write a note in the other box.

PARTNER 1:			
FULL NAME:		AGE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		PHONE NUMBERS:	
RELATIONSHIP TO PATIENT: <input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart <input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing <input type="checkbox"/> Other: _____		NOTIFICATION PLAN: <input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions <input type="checkbox"/> Client Referral: Index client will notify partner	
INTIMATE PARTNER VIOLENCE (IPV SCREENING)	YES	NO	<input type="checkbox"/> Provider Referral: Health care providers will notify the partner. <input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__
Hit, kicked, slapped or otherwise physically hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	
Ever threatened you?	<input type="checkbox"/>	<input type="checkbox"/>	
Ever forced you to do something sexually that make you uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>	
CONTACT ATTEMPTS:		OUTCOME:	
Date:	Phone or visit	Contacted?	Notes:
__/__/__	P/V	Y/N	<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____ <input type="checkbox"/> Refused testing <input type="checkbox"/> Conducted HIV test: Result: + - Undetermined <input type="checkbox"/> Other: _____
__/__/__	P/V	Y/N	
__/__/__	P/V	Y/N	
__/__/__	P/V	Y/N	

FIGURE 11: A2 FORM HIGHLIGHTING OUTCOMES SECTION

5.8 STEP 8: CONTINUALLY UPDATE OUTCOMES AND CHECK FOR NEW PARTNERS ANYTIME THE INDEX CLIENT HAS AN ART APPOINTMENT

Each time the Index Client comes to an ART visit you should:

- Check if they have any new sexual partners or needle sharing partners. If they do, repeat steps 2-7 for those partners.
- Check if there are any new outcome updates for any partners.

VI. TESTING THE CHILDREN OF INDEX CLIENTS

Without treatment, most children living with HIV will die by the time they are 5 years of age.

ART initiation upon diagnosis can reduce mortality among HIV-infected infants by up to 75%.

Thus, it is critically important to identify children who were exposed to HIV during pregnancy, delivery, or breastfeeding and ensure these children receive an HIV test.

All children aged under 15 of any HIV positive parent of all ages should be tested for HIV.

VII. OFFERING AND DOCUMENTING HIV TESTING FOR THE FAMILY MEMBERS OF INDEX CASES

Use Form A2 to elicit the names of children who may need an HIV Test.

Offer HIV testing to all HIV-exposed children in need of an HIV test within the health facility or as part of community testing programs (e.g. home or mobile testing) at the nearest HTS place that is most convenient for them.

Document the HIV status of all exposed children on the Form A2.

VIII. MONITORING

8.1 MONITORING FRAMEWORK

The main objective of PNTT is to improve access of partners and children of the index case to HTS. The routine monitoring indicators should reflect how well the country is implementing PNTT and progressing towards the first 90. Based on global recommendations, Figure 12 shows an overview of proposed monitoring of PNTT.

Figure 13 provides a template for monitoring the short term outcomes of PNTT that should be followed by ART clinic, and shared with ART clinic providers. It should be clear what the timeframe covered by the data are, and ideally the timeframe should be quarterly so that recent programmatic performance can be assessed.

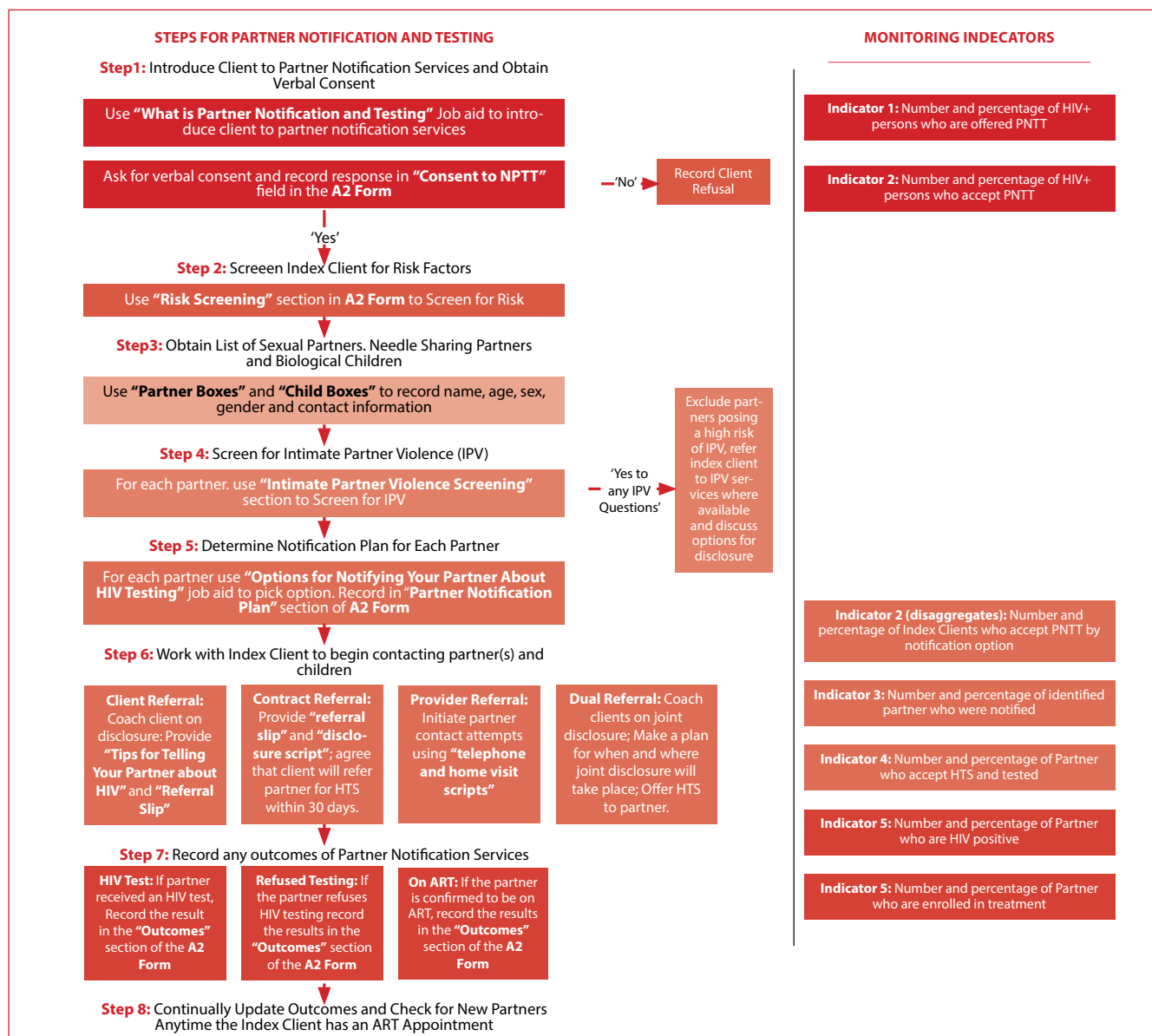


FIGURE 12: MONITORING FRAMEWORK FOR PNTT

8.2 LIST OF INDICATORS

1. Number and percentage of index clients who are offered partner notification services
2. Number and percentage of index clients who accept partner notification services
3. Number and percentage of identified partners who were notified
4. Number and percentage of partners who accept HTS and are tested
5. Number and percentage of tested partners who test HIV-positive
6. Number and percentage of HIV-positive partners enrolled in treatment

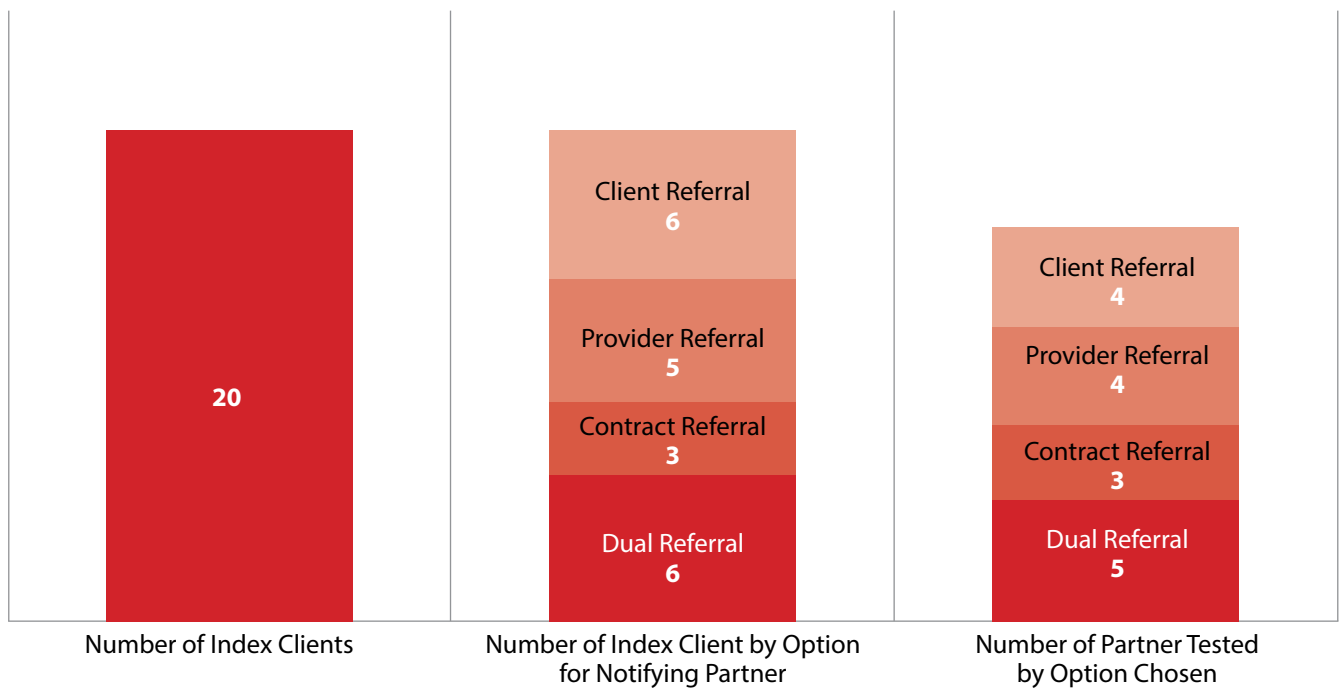


FIGURE 13: TEMPLATE MONITORING THE SHORT-TERM OUTCOMES

1. Number and percentage of HIV-positive persons who are offered partner notification services

Description	The number of index clients who received full package of PNTT services including introduction of the services, counseling, sharing information about the partners, sharing information about the risk behavior for partner notification and referral.
Purpose	This indicator, tracks coverage of PNTT services at the health facility where the services are available.
Method of Measurement	Count number of HIV infected patients who are newly enrolled at the ART clinic, and received PNTT services.
Frequency	Monthly
Numerator	Number of newly enrolled HIV infected patients (\geq age 15) at the ART clinic who received PNTT services in the reporting period.
Denominator	Number of all newly enrolled HIV infected patients (\geq age 15) at the ART clinic in the reporting period.
Disaggregation(s)	Sex: Male, Female
Source	ART electronic database Form A2
Interpretation	Intervention. If a facility has a low percentage of patients who received PNTT services, they should review reasons for this occurring, determine what interventions would help to improve the situation. It may due to but not limited to: Quality of counseling Recording and reporting issues, Or understanding of the PNTT steps by counselors.

2. Number and percentage of HIV-positive persons who accept partner notification services

Description	The number of index clients who accept the PNTT services whether by Client referral, or Provider referral, Contract referral, or Dual referral.
Purpose	This indicator tracks the option that most preferred by the index cases and the effectiveness of PNTT services.
Method of Measurement	Count number of HIV infected patients who are newly enrolled at the ART clinic who received and accepted PNTT services.
Frequency	Monthly
Numerator	Number of newly enrolled HIV infected patients (\geq age 15) at the ART clinic who received and accepted PNTT services in the reporting period.
Denominator	Number of all newly enrolled HIV infected patients (\geq age 15) offered PNTT services at the ART clinic in the reporting period.
Disaggregation(s)	Sex: Male, Female By PNTT option (Client referral, or Provider referral, Contract referral, or Dual referral)
Source	ART electronic database Form A2
Interpretation	Intervention. If a facility has a low percentage of patients who accept PNTT, they should review reasons for this occurring, determine what interventions would help to improve the situation. It may due to but not limited to: Quality of counseling Recording and reporting issues Perceived risk of intimate partner violence

3. Number and percentage of identified partners who were notified

Description	The number and percentage of partners who were identified and listed in the “Form A2” were reached by PNTT efforts.
Purpose	This indicator tracks the effectiveness of option of PNTT and the extent to which the PNTT reaches identified partners.
Method of Measurement	Count number of partners listed in the “Form A2” who have been notified. The percentage is computed using the numerator and denominator below.
Frequency	Monthly
Numerator	Number of partners listed in the “Form A2” who have been notified during the reporting period.
Denominator	Number of all partners listed in the “Form A2” at the ART clinic in the reporting period.
Disaggregation(s)	Sex: Male, Female By PNTT option (Client referral, or Provider referral, or Contract referral, or Dual referral)
Source	ART electronic database Form A2
Interpretation	Intervention. If a facility has a low percentage of partner of index case who are notified through PNTT, they should review reasons for this occurring, determine what interventions would help to improve the situation. It may due to but not limited to: Quality of counseling Inaccurate list of partners Recording and reporting issues Perceived risk of intimate partner violence Partners were not reachable.

4. Number and percentage of partners who accept HTS and tested

Description	The number of partners who were identified and listed in the “Form A2” reached by PNTT and have HIV testing done.
Purpose	This indicator tracks the effectiveness of PNTT to test partners of the index case.
Method of Measurement	Count number of partners who accepted and were tested for HIV. The percentage is computed using the numerator and denominator below.
Frequency	Monthly
Numerator	Number of partners who accepted and were tested for HIV in the reporting period.
Denominator	Number of all partners listed in the Form A2 at the ART clinic in the reporting period. Except for partners who known HIV positive.
Disaggregation(s)	Sex: Male, Female By PNTT option (Client referral, or Provider referral, Contract referral, or Dual referral)
Source	ART electronic database Form A2
Interpretation	Intervention. If a facility has a low percentage of partners who have been HIV tested through PNTT, they should review reasons for this occurring and determine what interventions would help to improve the situation. It may due to but not limited to: Quality of counseling Inaccurate list of partners Recording and reporting issues Intimate partner, or Partner was not reachable.

5. Number and percentage of partners who test HIV-positive

Description	The number of partners who were tested by PNTT and were found to be HIV positive.
Purpose	This indicator tells how effective PNTT services are in identifying PLHIV.
Method of Measurement	Count number of partners whose HIV test is positive. The percentage is computed using the numerator and denominator below.
Frequency	Monthly
Numerator	Number of partners whose HIV test was positive in the reporting period.
Denominator	Number of all partners who were tested for HIV in the reporting period.
Disaggregation(s)	Sex: Male, Female By PNTT option (Client referral, or Provider referral, Contract referral, or Dual referral)
Source	ART electronic database Form A2
Interpretation	Intervention. The higher the rate of HIV positivity among partners of index case the more effective PNTT is. In addition, a high positivity suggests late diagnosis of HIV, and therefore the HIV program should take more intensive action to: <ul style="list-style-type: none"> - Strive to more rapidly identify undiagnosed PLHIV (e.g., through more intensive PNTT, screening of sub-populations of known increased HIV risk) - Ensure index cases are rapidly placed on ART and have their viral load suppressed

6. Number and percentage of HIV-positive partners enrolled in treatment

Description	HIV positive partners found through PNTT received timely ART treatment to prevent further HIV transmission.
Purpose	The indicator tracks the coverage of timely treatment for HIV positive partners.
Method of Measurement	Count number of newly identified HIV positive partners enrolled in ART services. The percentage is computed using the numerator and denominator below.
Frequency	Monthly
Numerator	Number of new HIV positive partners enrolled in ART services in the reporting period.
Denominator	Number of all HIV positive partners found in the reporting period.
Disaggregation(s)	Sex: Male, Female By PNTT option (Client referral, or Provider referral, Contract referral, or Dual referral)
Source	ART electronic database Form A2
Interpretation	Intervention. If the enrollment rate among HIV positive partners is low, the program should review reasons for this occurring, determine what interventions would help to improve the situation. Potential reasons for this occurring include: <ul style="list-style-type: none"> - Poorly functioning referral mechanisms - Clients perceiving poor quality of care or stigma at facilities - Lack of understanding of value of ART services by clients Potential interventions include: <ul style="list-style-type: none"> - Review and improvement of referral processes - Improved counselling and community education - Review and remove all potential stigma if any at the facility.

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X. ANNEXES

ANNEX 1: OPTION FOR NOTIFYING YOUR PARTNER

DETERMINE PARTNER TESTING PLAN

Instructions: Show the “Options for Getting Your Partner Tested” card to the index client and review the 4 options. Ask the client, which option they would prefer and record their chosen option below. If the client chooses “contract referral”, record the date (30 days from today’s date) by which the partner should come for HIV testing services. If the client chooses “dual referral”, record the date when the joint disclosure session will occur (in Form A2).

Index Client’s Plan for Notifying This Partner:

- Client Referral: Index client will notify partner
- Provider Referral: Health care providers will notify the partner
- Contract Referral: Both the index client and health care provider will notify the partner.
The index client will first try notifying the partner no later than ___ / ___ / _____.
After which the provider will contact the partner (with permission from the index client).
- Dual Referral: The index client and health care provider will jointly notify the partner.
This joint session will occur on ___ / ___ / _____.
- Partner Testing not recommended at this time due to safety concerns.
- No Partner Testing needed, partner is known positive.

ANNEX 2: TIP AND SCRIPTS FOR TELLING YOUR PARTNER ABOUT YOUR HIV

Tips and Scripts for Telling Your Partner about Your HIV

Make a Plan:

- Many people are afraid of telling their partner that they have HIV. It is 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.
- 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.
- Pick a private place where you feel comfortable and safe. You may want to have someone in the next room to help and support you, if needed.

Start the Conversation:

- “I have something important to tell you. I went to the doctor 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 medicine 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.”

Anticipate Reactions:

- think about how your partner may react. Your partner may:
 - o Offer you support or comfort you
 - o Not believe it's true
 - o Feel confused or sad
 - o Feel angry
- Think about how you will respond to these reactions.
- What questions may your partner ask you? How will you answer these questions?

Encourage Your Partner to Get Tested for HIV:

- Give your partner the referral Slip
- Tell your partner that it is important they get tested for HIV. if they are HIV-positive, they can get medicines to treat their HIV. These medicines will help them live a long life and reduce the chance they will pass HIV onto others. If they are HIV-negative, there are things they can do to help them remain negative like use condoms or get circumcised (if they are male).

Practice First!

- practice what you will say and do ahead of time. You can do that now with your health care provider or later by yourself in your home. This will help you feel comfortable on the day you actually tell your partner.

ANNEX 3: REFERRAL SLIP

លិខិតបញ្ជូន (REFERRAL CARD)

លេខរៀង.....

១. លេខកូដ រឺឈ្មោះអតិថិជន:.....ភេទ.....អាយុ.....

២. បញ្ជូនមកពី(Refer from): ឈ្មោះសេវា:.....

មណ្ឌលផ្តល់ប្រឹក្សា និងធ្វើតេស្តឈាមរកមេរោគអេដស៍ (VCCT) សេវា OI/ART ក្រុមថែទាំតាមផ្ទះ

កម្មវិធីបង្ការការចំលងមេរោគអេដស៍ពីម្តាយទៅកូន (PMTCT) សេវាព្យាបាលជំងឺរបេង (TB) គ្លីនិកព្យាបាលជំងឺកាមរោគ

សេវាព្យាបាលជំងឺកុមារ សេវាព្យាបាលជំងឺឆ្លង (ជំងឺទូទៅ) សេវាព្យាបាលជំងឺសើស្បែក (TB) ផ្នែកសម្ភព

សេវាព្យាបាលផ្សេងទៀត (សូមបញ្ជាក់).....

៣. បញ្ជូនទៅកាន់ (Refer to): ឈ្មោះសេវា:.....

មណ្ឌលផ្តល់ប្រឹក្សានិងធ្វើតេស្តឈាមរកមេរោគអេដស៍(VCCT) សេវា OI/ART ក្រុមថែទាំតាមផ្ទះ

កម្មវិធីបង្ការការចំលងមេរោគអេដស៍ពីម្តាយទៅកូន(PMTCY) សេវាព្យាបាលជំងឺរបេង (TB) គ្លីនិកព្យាបាលជំងឺកាមរោគ

សេវាព្យាបាលជំងឺកុមារ សេវាព្យាបាលផ្សេងទៀត (សូមបញ្ជាក់).....

ហត្ថលេខានិង ឈ្មោះអ្នកបញ្ជូន:

ថ្ងៃ.....ខែ.....ឆ្នាំ២០.....

ANNEX 4: SCRIPT FOR PARTNER NOTIFICATION: PHONE CALL

Good day. My name is _____ and I am a counsellor/health care provider at __[Facility Name]_____. Am I speaking with __[partner's name]_____?

[IF NOT]: Is __[partner's name]_____ available?

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

[IF YES]: I have some important information for you. Is now a good time to talk?

[IF NO]: When would be 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 __[name of health facility]_____ 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 have a long life and reduce your chance of passing HIV onto others.

HIV testing services are available Monday-Friday from 8:30 in the morning until 3:00 in the afternoon. Alternatively, we can send a counsellor out to your home for 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 prefer for the counsellor to come to your home for an HIV test?

ANNEX 5: SCRIPT FOR PARTNER NOTIFICATION: VOICE MAIL

Good day. My name is _____ and I am a counsellor/health care provider at __[Facility Name]_____. I am trying to reach __[partner's name]_____ with some important health information. My phone number is xxx xxxxxx. I will also try back later. Thank you and good bye.

ANNEX 6: SCRIP FOR PARTNER NOTIFICATION: HOME VISIT

Good day. My name is _____ and I am a counsellor/health care provider at __[Facility Name]_____. I am looking for __[partner's name]_____ is he/she around?

[IF NOT]: OK, thanks. Do you know when he or she will be back?

[Once the partner is in front of you]: Is there a private place that we can talk?

[Once you are in 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 have 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 __[Name of health facility]_____ for an HIV test. HIV testing services are available Monday-Friday from 8:30 in the morning until 3:00 in the afternoon. Which option would you prefer?

[HOME TEST]: Provide pre-test counseling, informed consent, and post-test counseling according to national guidelines.

[FACILITY TEST]: What day would you like to come to health facility for an HIV test?

ANNEX 7: FORM A2

ART/CLINIC ID:	DATE OF VISIT:			CONSENT TO PNNT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RISK SCREENING:	No	Ever	6M		No	Ever	6M
Had sex with a known HIV+ person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used injection drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reused medical needles with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For man) Had sex with a TG partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received money for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with >4 individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give money for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Migrated for work (in or out of country)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD 1:							
FULL NAME:				AGE:	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS:				PHONE NUMBERS:			
CHILD TESTING PLAN:				CONTACT ATTEMPTS:			
<input type="checkbox"/> Client Referral: Index client will bring in child. <input type="checkbox"/> Provider Referral: Health care providers will notify family member to bring in child. <input type="checkbox"/> Contract Referral: The index client will bring the child in by ___/___/__. After which the provider will contact a family member. <input type="checkbox"/> Dual Referral: The index client and health care provider will jointly work together to bring in child by: ___/___/___				Date:	Phone or visit	Contacted?	Notes:
				___/___/___	P / V	Y / N	
				___/___/___	P / V	Y / N	
				___/___/___	P / V	Y / N	
				___/___/___	P / V	Y / N	
				___/___/___	P / V	Y / N	
OUTCOME: <input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____ <input type="checkbox"/> Refused testing				<input type="checkbox"/> Contacted HIV test: Result: + - Undetermined <input type="checkbox"/> Other: _____ _____			

CHILD 2:

FULL NAME:	AGE:	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS:	PHONE NUMBERS:			
CHILD TESTING PLAN:	CONTACT ATTEMPTS:			
<input type="checkbox"/> Client Referral: Index client will bring in child.	Date:	Phone or visit	Contacted?	Notes:
<input type="checkbox"/> Provider Referral: Health care providers will notify family member to bring in child.	__/__/__	P/V	Y/N	
<input type="checkbox"/> Contract Referral: The index client will bring the child in by __/__/__. After which the provider will contact a family member.	__/__/__	P/V	Y/N	
<input type="checkbox"/> Dual Referral: The index client and health care provider will jointly work together to bring in child by: __/__/__	__/__/__	P/V	Y/N	

OUTCOME:

<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____	<input type="checkbox"/> Contacted HIV test: Result: + - Undetermined
<input type="checkbox"/> Refused testing	<input type="checkbox"/> Other: _____

PARTNER 1:

FULL NAME:	AGE:	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS:	PHONE NUMBERS:			
RELATIONSHIP TO PATIENT:	NOTIFICATION PLAN:			
<input type="checkbox"/> Wife/Husband/Fiancé <input type="checkbox"/> Sweetheart	<input type="checkbox"/> Deferred due to IPV: client answered yes to any IPV questions			
<input type="checkbox"/> Steady sex partner <input type="checkbox"/> Needle sharing	<input type="checkbox"/> Client Referral: Index client will notify partner			
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Provider Referral: Health care providers will notify the partner.			
INTIMATE PARTNER VIOLENCE (IPV SCREENING)	YES	NO	<input type="checkbox"/> Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner	
Hit, kicked, slapped or otherwise physically hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__	
Ever threatened you?	<input type="checkbox"/>	<input type="checkbox"/>		
Ever forced you to do something sexually that make you uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>		
CONTACT ATTEMPTS:	OUTCOME:			
Date: Phone or visit Contacted? Notes:	<input type="checkbox"/> Known to be HIV+ and in treatment: ART/CLINIC ID#: _____			
__/__/__ P/V Y/N	<input type="checkbox"/> Refused testing			
__/__/__ P/V Y/N	<input type="checkbox"/> Conducted HIV test: Result: + - Undetermined			
__/__/__ P/V Y/N	<input type="checkbox"/> Other: _____			
__/__/__ P/V Y/N				

PARTNER 2:

FULL NAME:

AGE:

SEX:

 MALE FEMALE

ADDRESS:

PHONE NUMBERS:

RELATIONSHIP TO PATIENT:

- Wife/Husband/Fiancé Sweetheart
 Steady sex partner Needle sharing
 Other: _____

NOTIFICATION PLAN:

- Deferred due to IPV:** client answered yes to any IPV questions
 Client Referral: Index client will notify partner
 Provider Referral: Health care providers will notify the partner.
 Contract Referral: The index client will notify the partner by __/__/__. After which the provider will contact the partner
 Dual Referral: The index client and health care provider will jointly notify the partner on: __/__/__

INTIMATE PARTNER VIOLENCE (IPV SCREENING)

YES

NO

Hit, kicked, slapped or otherwise physically hurt you?

Ever threatened you?

Ever forced you to do something sexually that make you uncomfortable?

CONTACT ATTEMPTS:

Date:	Phone or visit	Contacted?	Notes:
__/__/__	P/V	Y/N	
__/__/__	P/V	Y/N	
__/__/__	P/V	Y/N	
__/__/__	P/V	Y/N	

OUTCOME:

- Known to be HIV+ and in treatment:
AR/CLINIC ID#: _____
 Refused testing
 Conducted HIV test:
Result: + - Undetermined
 Other: _____

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