

# Index testing and risk network referral

## Program implementation orientation and training

### Day 3

City, Country YEAR

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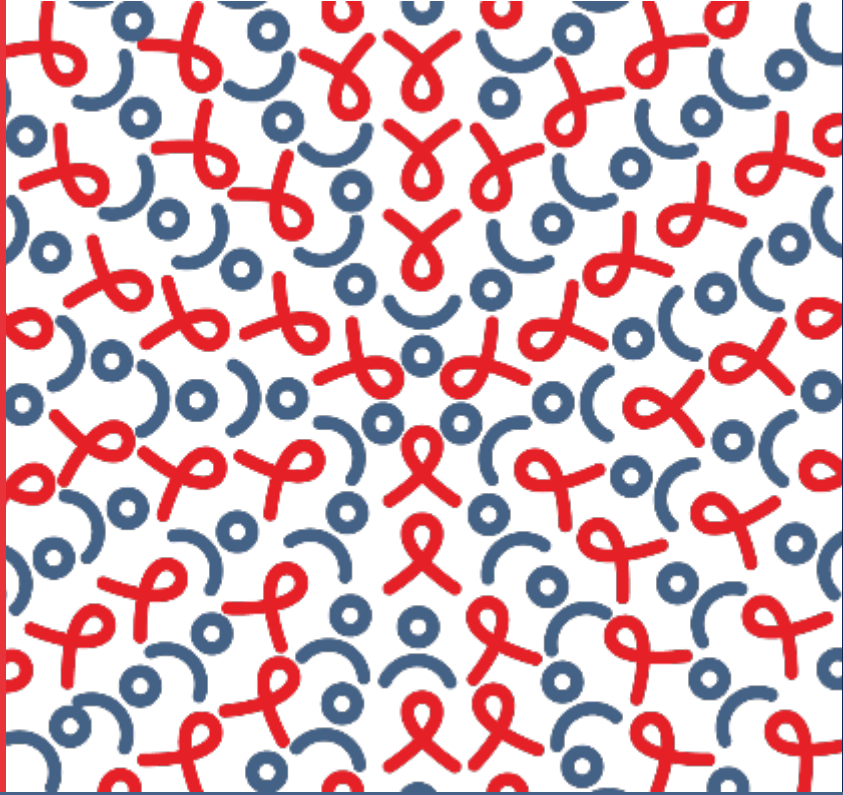




## Review of Day 2: Candy quiz!

- What are four key motivational counseling techniques that are critical in index testing?
- What are three specific behaviors to avoid in counseling?
- What does each of the letters of LIVES stand for?





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## Session 12. Messaging



## Activity: Development/adaptation of appropriate messaging

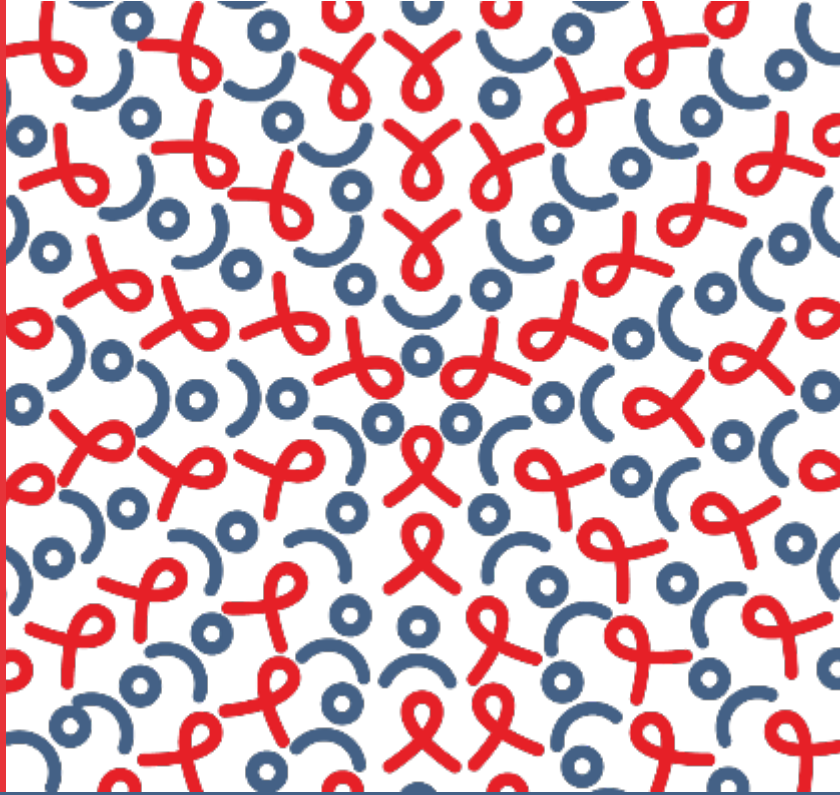
- Divide into small groups (5–8)
- Working with existing message matrices including those developed in Session 6, adapt/revise/develop key messages and talking points to be used for both in-person and online counseling sessions for index testing and risk network referral



## INSERT MESSAGING SLIDES HERE

- As relevant, based on local context
- To be used to reinforce group work if necessary





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## Session 13. Practice makes perfect



# Activity: Responding to client concerns and misinformation

- Break into groups of 3–4
- Brainstorm likely questions, concerns, and myths that your clients may raise in the context of index testing and partner notification
- For each major question, concern, or myth, develop a potential response
- 10 minutes to brainstorm
- 5-minute report back





# Demonstration

**Instructions:** Watch the following demonstration of a partner elicitation session. Please note what the index provider did well and what he or she could improve upon.

## Case study

Ghislaine is a 34-year-old FSW who was recently diagnosed HIV positive. Her infant is now 14 months and she has one older child age 6. She has been living with her male partner, Van, for 12 years.







# Scenario A: Introducing index testing

## Paired work

Turn to someone next to you and decide who will be the provider/counselor and who will be the client.

## Case study

You are an HIV testing provider working in a voluntary counseling and testing clinic. Lang is a 21-year-old transgender woman who has come to you for HIV testing. She wants to know her status because she saw a famous transgender woman influencer on Facebook talk about the importance of knowing your HIV status. She has had boyfriends in the past and has used condoms with some of them.

Before you start the HIV test, introduce index testing and partner services to Lang.





## Scenario B: Eliciting partner contact information

### Group work

Break into groups of 3. One person serves as the client, the other the counselor/provider, and the third an observer.

### Case study

Fab is a 40-year-old man who has sex with men who has recently tested HIV positive. He has multiple partners and sometimes goes to a massage parlor and hires a male sex worker at the end of the month when he has some extra money.

You need to ensure that Fab understands the importance of partner notification and elicit the names of his partners.





# Scenario C: Supporting a client to refer

## Group work

Stay in your groups of three. Switch roles (new person serves as the client, another the counselor/provider, and the third an observer).

## Case study

You are counseling a female sex worker who has recently tested positive. She indicates that she uses condoms with her clients, but has two main partners that she doesn't use condoms with. She is willing to talk to you about notifying one partner but does not want to discuss the other at all because he might beat her up.

What would you do in this situation? What messages would you give this client?





# Scenario D: Supporting a client to refer

## Group work

Stay in your groups of three. Switch roles (new person serves as the client, another the counselor/provider, and the third an observer).

## Case study

Vadi is a 24-year-old married man with a 2-year-old daughter. He is an injecting drug user. Normally he uses clean equipment, but on a few occasions, he injected with an old girlfriend. He tested HIV positive, and now he needs to bring his wife and child for testing, but he does not know how to bring up this topic with his wife.





# Scenario E: Targeted testing

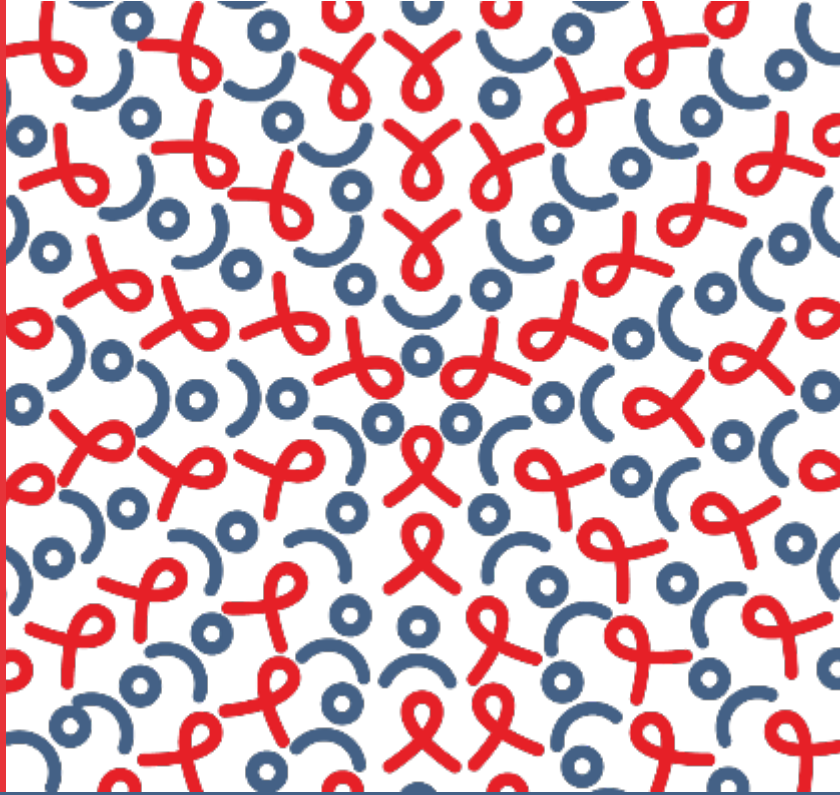
## Group work

Stay in your groups of three. Switch roles (new person serves as the client, another the counselor/provider, and the third an observer).

## Case study

Lana is a female sex worker living with HIV. She has a stable partner/boyfriend who at times is physically violent, a preferred client with whom she never uses condoms, and other occasional partners with whom she sometimes uses condoms. She doesn't know their last names and phone numbers.





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## Session 14. Quality assurance, adverse event monitoring and reporting, and monitoring and evaluation

Examples of how a program might monitor, assure quality, and analyze index testing efforts



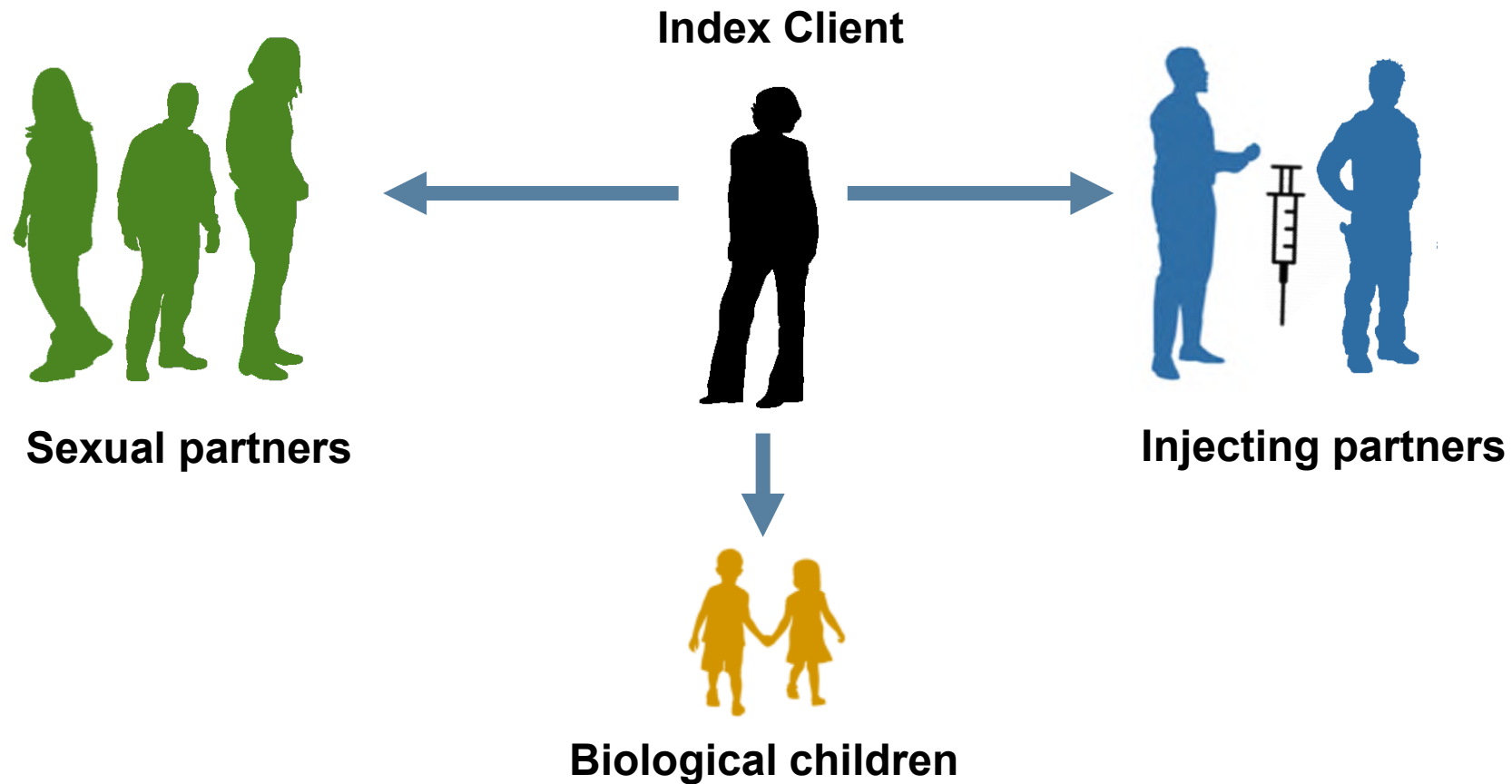
**5.  
Quality  
assurance  
and  
accountability**

## **Summary of inputs into quality assurance and accountability**

- PEPFAR MER indicators
- Minimum Standards Checklist for providers and sites
- Supportive supervision tools for index testing
- SIMS (with CEEs specific to index testing)
- Community-led monitoring and feedback mechanism (LINK; Community Scorecard)
- Adverse events monitoring and reporting tools
  - Beneficiary Abuse Disclosure and Service Provision Form
  - Customer Complaint Form (e.g., LINK where applicable)
  - Security Incident Log

# PEPFAR indicator for reporting: HTS\_INDEX

Number of individuals who were identified and tested using index testing services and received their results

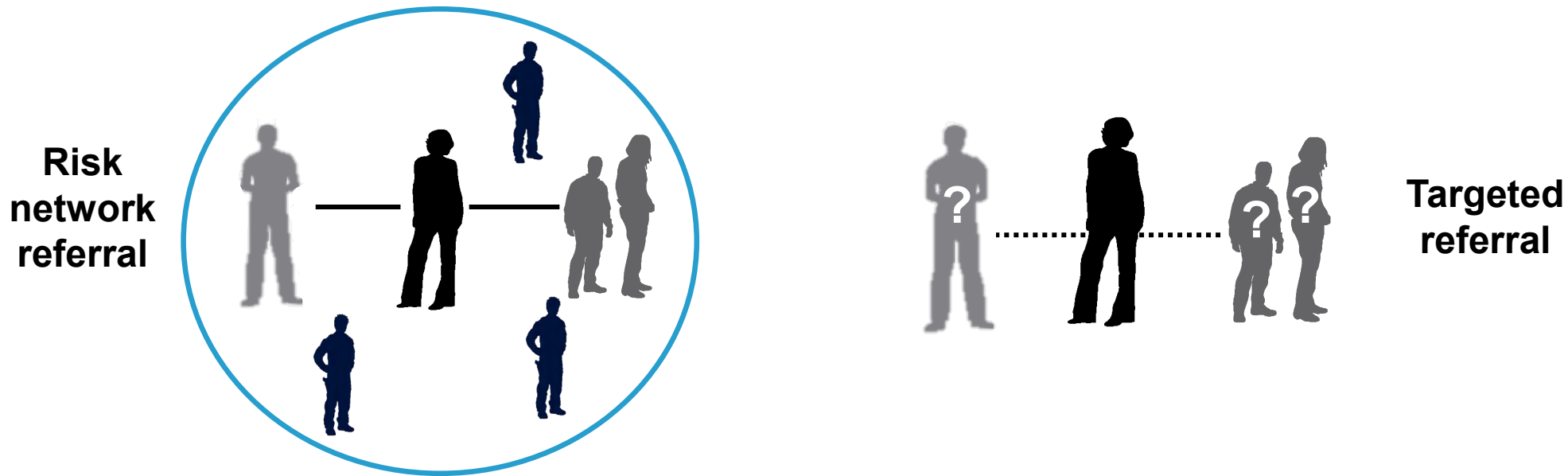






# Who is not an index partner?

- Anyone who tests in the program who was not referred or contacted using one of the index testing modalities:
  - Individuals within a social network who test at a mobile testing event or through community-based testing (MOBILE)
  - Individuals who are referred to and/or who test at a drop-in center (VCT)



HTS\_TST\_POS (or previously diagnosed positive)



①

Offered index testing services



②

Accepted index testing services

Did not accept index testing services



③

Number of contacts elicited



④



New positives index modality



New negatives index modality



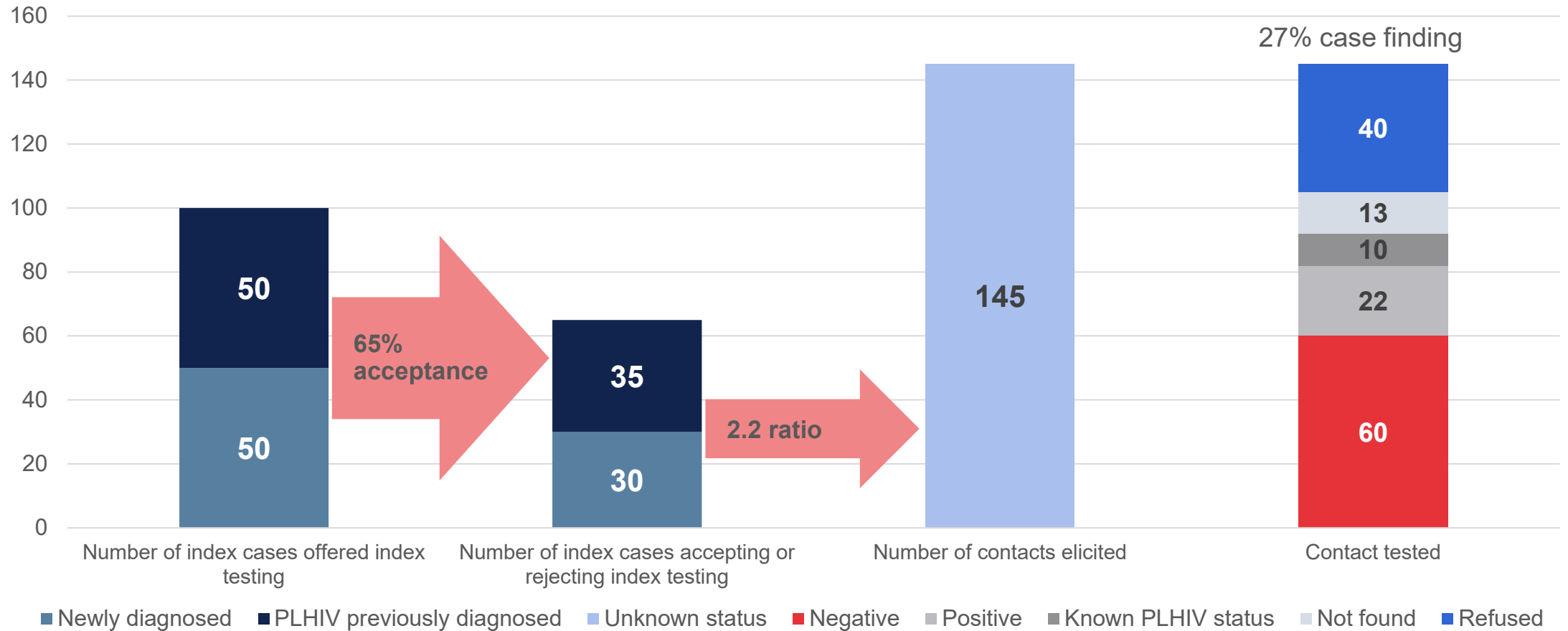
Known HIV+



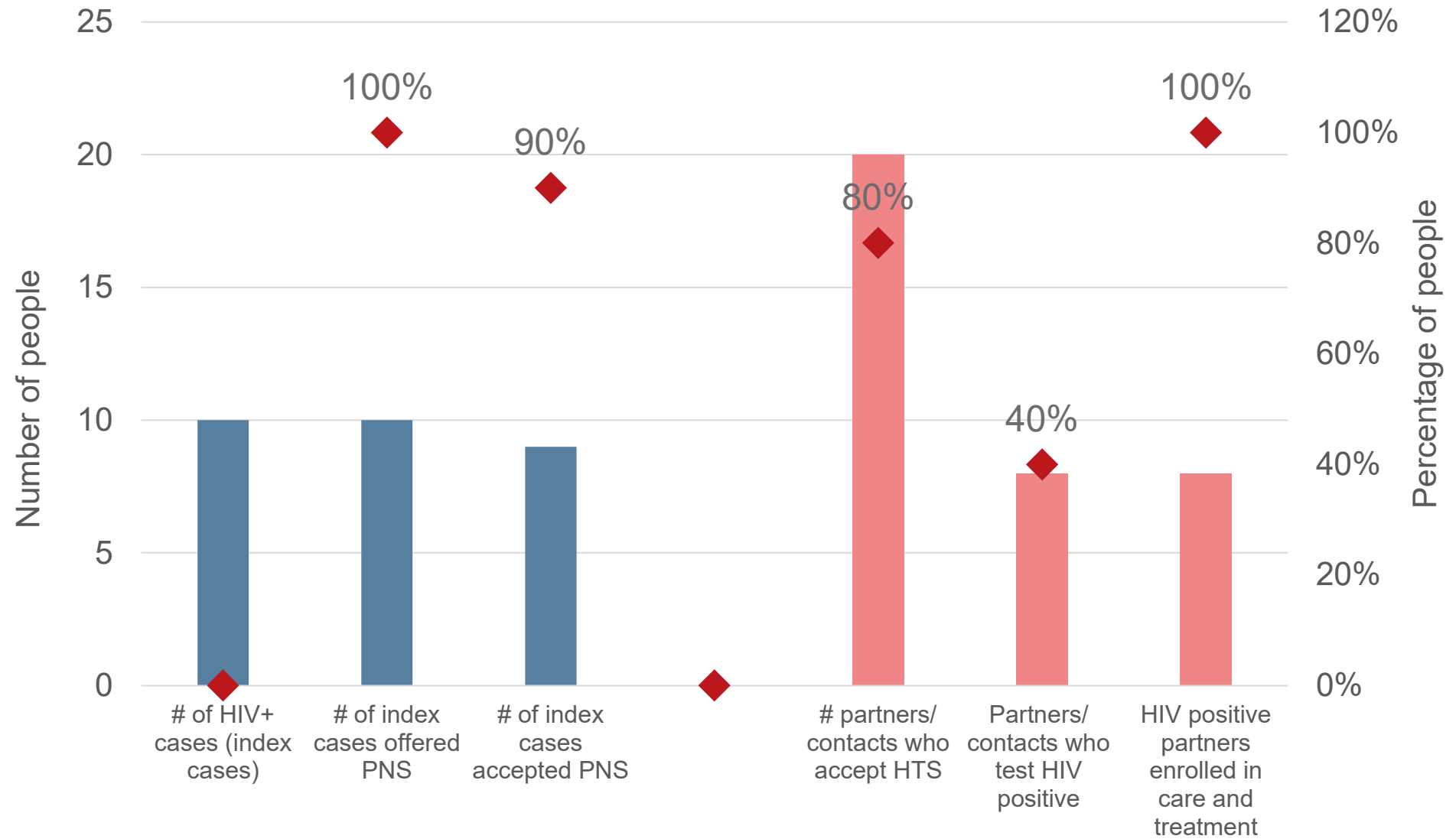
Did not locate or did not accept testing

# Example: An index testing cascade

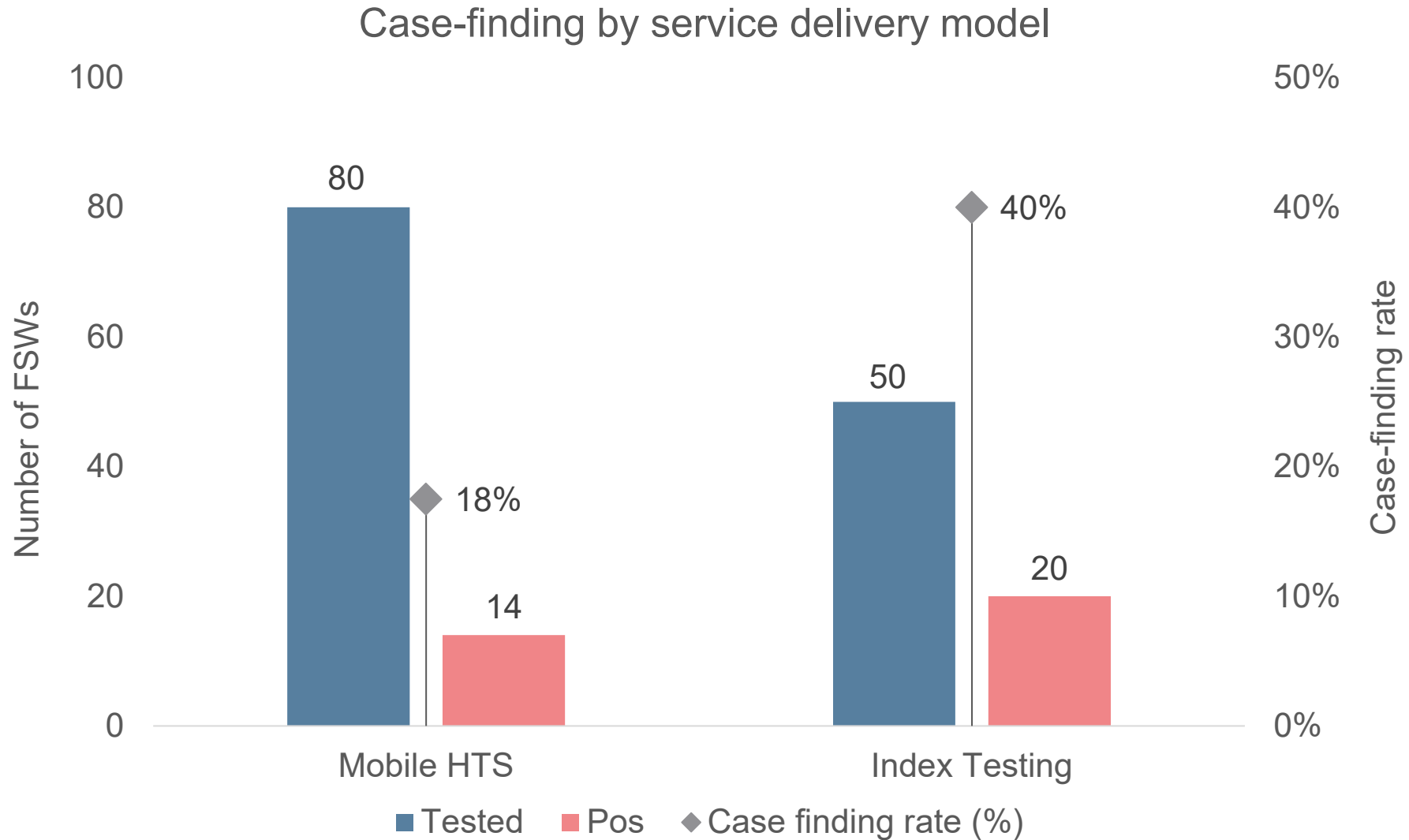
Number of individuals



# Example: Index testing cascade for a quarterly review



# Example: Comparing the results of index testing versus mobile HTS





# What is an adverse event?

An incident that results in harm to clients, partners, children, providers, or anyone else as a result of their participation in index testing services

Adverse events (AEs) include:

1. Threats of physical, sexual, or emotional harm to the index client, their partner(s) or family members, or the index testing provider
2. Occurrences of physical, sexual, or emotional harm to the index client, their sexual or drug-injecting partner(s) or family members, or the index testing provider
3. Threats or occurrences of economic harm (e.g., loss of employment or income) to the index client, their partner(s) or family members
4. Abandonment or forced removal of children less than 19 years old from the home
5. Withholding HIV treatment or other services
6. Forced or unauthorized disclosure of client or contact's name or personal information
7. Failure to obtain consent for participation in index testing and/or for notifying partners
8. Health-site-level stigma or criminalization (e.g., sharing personal information with the criminal justice system about KP/PLHIV seeking care)





**4.  
Adverse event  
monitoring  
and reporting**

## Monitoring of consent and adverse events (AEs)

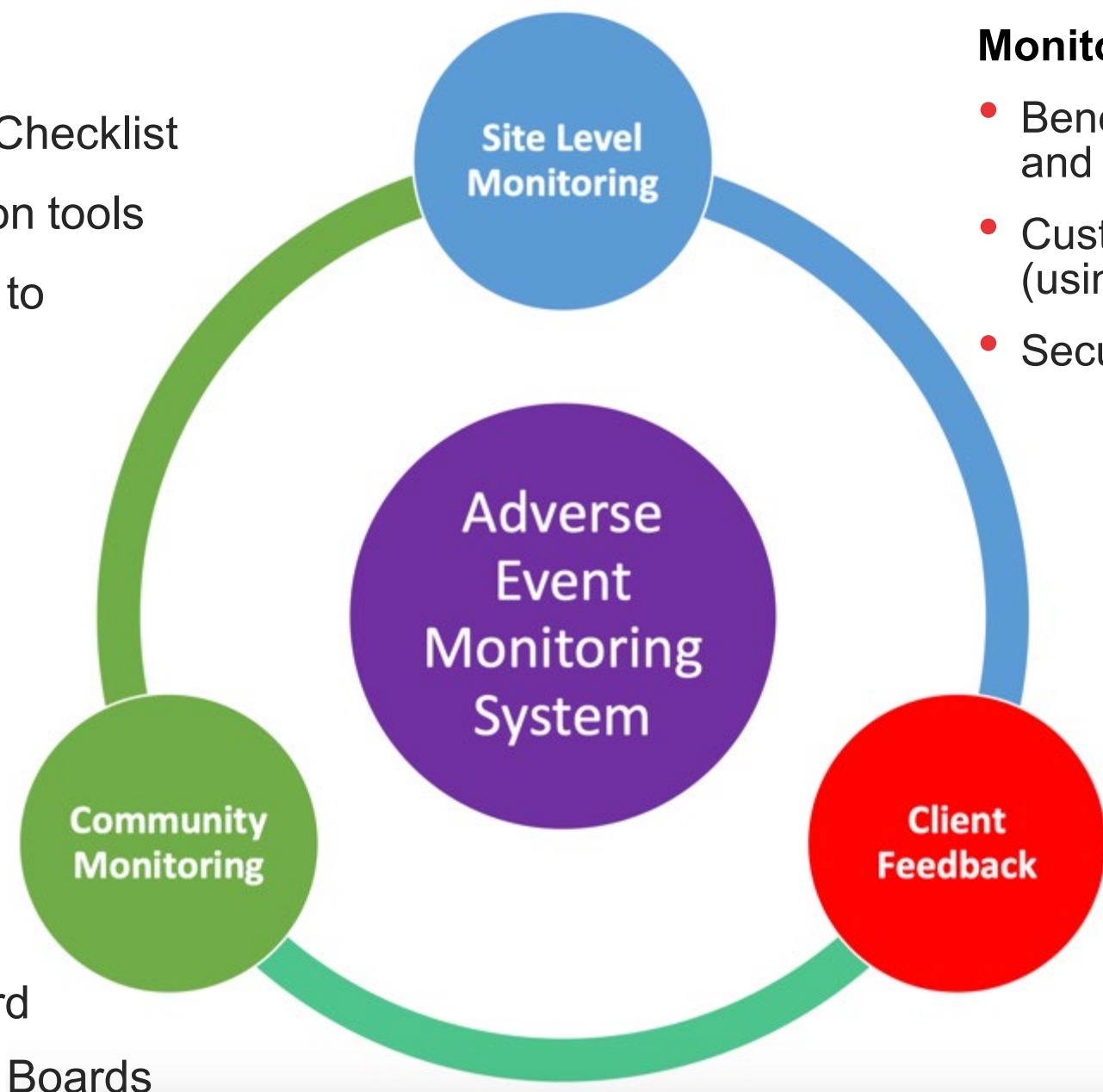
- All sites must have/use tools to document and monitor obtaining consent and the frequency of AEs (including IPV) and actively monitor:
  - Reasons for refusal of index testing services
  - Prevalence of IPV and other AEs (e.g., confidentiality breaches, stigmatization, coercive tactics, etc.)
- Investigate each reported AE and develop a follow-up plan
- Tools available for adaptation!



## Supervision tools

- Minimum Standards Checklist
- Supportive supervision tools
- SIMS (CEEs specific to index testing)

- Community Scorecard
- Community Advisory Boards



## Monitoring and reporting tools

- Beneficiary Abuse Disclosure and Response Form
- Customer Complaint Form (using LINK where applicable)
- Security Incident Log

- Paper-based client feedback surveys; comment boxes
- LINK surveys
- Client exit interviews





**4.  
Adverse event  
monitoring  
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## Site level monitoring

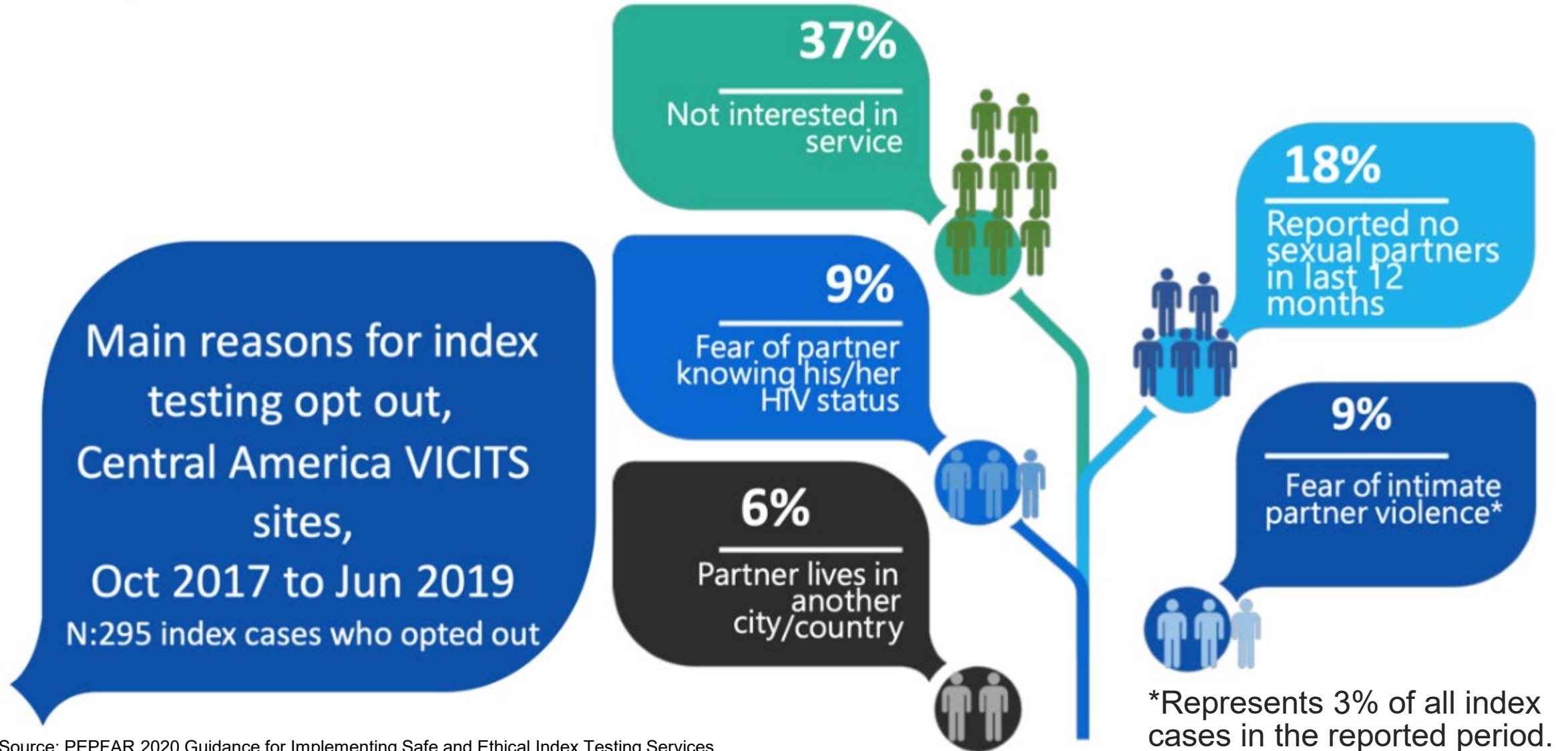
- Routinely ask index clients if they experienced any AE following participation in index testing
  - Suggested question: “Did you experience any harm from your partner, health care provider, or anyone else during or as a result of receiving index testing services at this [facility or site]? This might include physical, emotional, sexual, or economic harm.”
- Can be done at client’s next visit or via phone 2–4 weeks after index testing service provided
- All reports of adverse events should be documented

# Why track reasons clients decline index testing?

Programs should track why clients decline index testing services, but keep in mind that clients are NOT required to provide a reason (as described in example consent form)

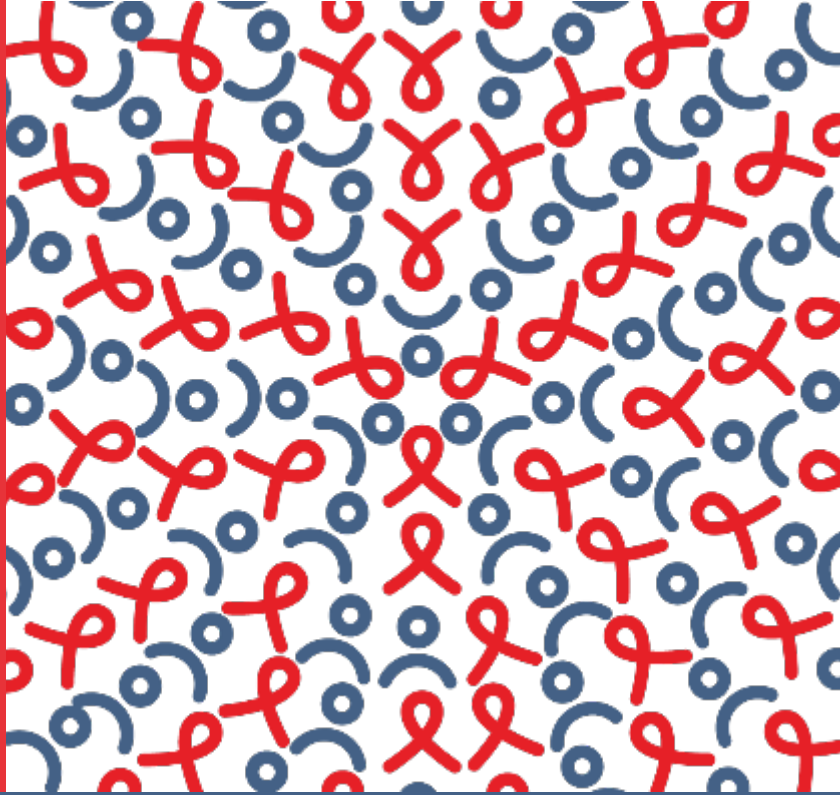
Reason for decline	Possible solution/step
No time for elicitation interview	→ Offer extended opening hours
Do not believe services are confidential; afraid partner will learn identity	→ Review and/or improve counseling on confidentiality
Afraid of intimate partner violence	→ Strengthen network of VPR services; hire counselors within the clinic; address IPV in HIV services
Partner is already stable on treatment	→ Affirm positive health-seeking behaviors
Partner lives/works far away	→ Offer an HIV self test; transportation support
Clinic hours are inconvenient for partner	→ Revise/adjust opening hours
Other? _____	→ As appropriate

# Example from PEPFAR/Central America



# Steps for index testing

		Safe and Ethical Index Testing Services			
✓	Introduce index testing services to index client during pre-test counseling or ART visit	Compliance with minimum standards	Obtain informed consent	Intimate partner violence risk assessment and service provision	Quality assurance and accountability
✓	Obtain consent from the client to proceed with index testing services				
✓	Obtain a list of sexual/injecting partners and exposed children under age 19 with unknown status		Obtain informed consent		
✓	Conduct an IPV risk assessment for each named partner, and respond appropriately to any disclosures				
✓	Determine preferred method of partner notification for each named partner and record		Adverse event monitoring and reporting		
✓	Contact all named partners and biological children under age 19 using the preferred approaches				
✓	Record and track notification outcomes				
✓	Provide appropriate services to client, partners, and children				



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## Session 15. Action planning

Who will need to do what and by when to initiate index testing?





**End of Day 3**