



PLANNING AND CONDUCTING INDEX TESTING AND PARTNER NOTIFICATION FOR ADOLESCENT GIRLS AND YOUNG WOMEN:

IMPLEMENTATION AND CLINICAL GUIDANCE FOR HEALTH SERVICES



PLANNING AND CONDUCTING INDEX TESTING AND PARTNER NOTIFICATION FOR AGYW:

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INTRODUCTION

Adolescent girls and young women (AGYW)* and their partners have been identified as a priority population to reach with HIV index testing to ensure early linkage to care and treatment services. Recently, partner notification (PN) linked with HIV index testing has also been recommended for AGYW in low- and middle-income countries (LMICs) to support global efforts to reach 95-95-95 goals¹ and achieve epidemic control. AGYW between the ages of 15 and 24 carry a significantly higher risk for HIV infection than their male peers or older women and men, yet are less likely to access HIV testing or treatment.² In Africa, the World Health Organization (WHO) estimates that fewer than one in five adolescent women are aware of their HIV status. Little is known about the potential social harms that AGYW may experience due to HIV PN.

Disclosure of HIV serostatus is a key concern of AGYW living with HIV.^{3,4} The anticipation of stigma from peers, family and community members can be paralyzing, and AGYW are often encouraged by parents or guardians not to share their HIV status with anyone outside of their family to protect them from social harms.^{5,6} Access to reproductive health and family planning services are limited for AGYW, and many AGYW may face additional social and family stigma and consequences if it becomes known that they have begun sexual activity, regardless of whether that sexual activity was consensual.^{7,8,9} Support services for AGYW living with HIV in LMICs are limited, especially as girls age out of pediatric services and enter adult care and treatment services.⁶ Given the dual threat of stigmatization for both sexuality and HIV status, disclosure to even trusted friends and family is limited for AGYW living with HIV.^{10,11} Adding PN has the potential to cause undue social harm, impeding a healthy transition to adulthood.

Of particular concern is the relationship between intimate partner violence (IPV), sexual violence and HIV transmission or HIV stigma. Younger women and women with lower socio-economic status have been shown to have higher prevalence of IPV than older and more empowered women.¹² Experiences of IPV, sexual violence, and coercion are widespread among adolescents:

- 1 in 3 girls worldwide report that their first sex was forced or coerced;¹³
- 1 in 4 ever-partnered girls report experiencing physical or sexual violence from an intimate partner;¹⁴
- Women of all ages who have experienced IPV are 1.5 times more likely to contract HIV or other STIs.¹⁵

The risk or fear of violence can severely impact women's, and in particular young women's willingness to disclose their HIV status to their partners.¹⁶ While evidence is mixed about whether HIV disclosure in actuality results in increased IPV, the fear of violence, combined with AGYW's already heightened risk and lower levels of power within their intimate relationships, is real enough.¹⁷ Providers who are interested in supporting their AGYW clients with PN, whether during index testing services or not, must also be equipped to perform IPV screening and safety checks with their clients. Providers may need support not only to address the specific needs of AGYW living with HIV, but also should be trained on how to conduct routine enquiry for IPV, including how to ask about experience or fear of sexual violence and how to respond when an AGYW discloses experience with or fear of violence. In addition, providers considering performing index testing services with young or adolescent clients, in particular with AGYW who have tested positive for HIV, should be trained in principles of providing rights-based, gender sensitive, adolescent- and youth-friendly reproductive health and family planning services.

*While recognizing that many of the considerations included in this tool may be applicable for adolescents of all genders, and in particular the additional vulnerability to violence, stigma, and discrimination faced by adolescents whose sexual orientation, gender identity, or expression does not conform to social expectations, this tool was developed for and focuses on AGYW. Young men who have sex with men and young transgender populations are also at increased risk for HIV infection driven by violence, social stigma, and discrimination in access to health services, and providers working in HIV counseling and testing should have access to additional support and training for these groups as well. This tool focuses on the considerations for AGYW due to the overwhelming burden of disease within this age group, coupled with the high risk for intimate partner and family violence tied to disclosure of HIV status.

This tool provides:

- Programmatic/service delivery considerations to be reviewed before implementing index testing services with AGYW;
- A provider job aid for index testing with AGYW, including integrated service delivery steps, scripts, and tools for documentation; and
- A toolbox with additional recommended training and guidance resources for providers working with adolescent clients.

Throughout this tool are key decision-making points or moments, designed to equip providers with guidance to determine if HIV PN is generally recommended for AGYW clients. Providers are encouraged to use their training and best judgment in addition to this tool to make a final determination about whether and how to encourage PN for their individual clients. The programmatic and service delivery considerations complement the detailed screening for individual clients in the included Job Aid for Index Testing with AGYW.

This tool offers support for providers on how to conduct routine enquiry for IPV and sexual violence with AGYW while providing HIV index testing and PN services, in addition to resources and support on ensuring such services are adolescent-friendly overall. Providers who are implementing index testing and HIV PN services with AGYW must be aware of the reality that a significant proportion of their clients will have experienced or will be currently experiencing violence in their home or in their relationship.¹⁵ Consequently, providers should be prepared to conduct routine enquiry for IPV and safety checks, as well as to provide referrals to appropriate violence response services. The WHO has released normative guidance for responding to IPV and sexual violence,^{18,19} and for ensuring quality care for adolescent survivors of violence,²⁰ which providers should apply when conducting HIV index testing. The guidance included in this tool for providers is adapted from the WHO standards and quality assurance tools, but does not substitute for training on IPV and sexual violence response.



PROGRAMMATIC AND SERVICE DELIVERY CONSIDERATIONS FOR PLANNING INDEX TESTING AND PARTNER NOTIFICATION SERVICES WITH AGYW

When planning a service delivery initiative to provide index testing and partner notification (PN) services with adolescent girls and young women (AGYW) aged 15 to 24, health clinic managers, staff, and providers should be equipped and supported with baseline competencies in adolescent-friendly service delivery, including conducting routine enquiry for intimate partner violence (IPV) and sexual violence. While clinical services delivered to adolescents are frequently similar to those for adult clients, there are particular socio-cultural factors to consider when working with adolescent clients. In addition, there are particular programmatic considerations for implementing index testing with AGYW.

SOCIO-CULTURAL CONSIDERATIONS FOR PROVIDING HIV TESTING AND PN SERVICES TO ADOLESCENTS

- Adolescents have the same rights as adult clients to decide if, when, and how to disclose their HIV status.²¹
- Providers have a responsibility to maintain the confidentiality of their adolescent clients' HIV status, including from parents/guardians and sexual partners.^{22,23}
- Adolescents are heterogeneous in both their capacity and experience, as well as in the vulnerabilities they may face. Factors such as gender, sexual orientation, economic status, religious or ethnic identity, migrant or refugee status, marital status, and more, as well as individual development, may affect adolescents' ability to assess and overcome risks to their health and bodily integrity. It is the provider's responsibility to support the adolescent client in understanding and making informed decisions about index testing and HIV PN.
- AGYW are frequently disempowered or have less decision-making power relative to their male peers or other family members, including in their decision-making when it comes to sexual activity or accessing reproductive health and family planning services.
- AGYW frequently have much less access to reproductive health and family planning services due to discriminatory policies, provider bias, or social stigma.²⁴
- Adolescents may face stigma, discrimination, punishment, or violence from their families both for their HIV status and for their sexual activity.



Decision-Making Point:

Are trained adolescent- and youth-friendly health service providers available either at the health center or elsewhere in the community? Can adolescents reasonably expect to receive care without stigma, bias, or rejection from providers? If services are available to adolescents within a reasonable time and distance, index testing can be implemented.

PROGRAMMATIC CONSIDERATIONS FOR IMPLEMENTING INDEX TESTING WITH AGYW

- All clients, and in particular AGYW, have the right to opt out of HIV partner notification and index testing services at any time and for any reason. Providers may encourage, but not force, clients to participate in services through index testing programs.
- Providers should have resources available that explain HIV and HIV disclosure in youth-friendly, accessible language.
- Many countries have different legal ages of consent for sexual activity, HIV testing, reproductive health and family planning, or other medical services. In addition, in young couples with age differences, one partner may be below the legal age of consent and may be unwilling to disclose their partner's name due to fear of legal consequences. Providers should be aware of the local laws and policies related to age of consent and should be prepared to advise adolescent clients on their options, including opting out of PN services. Providers may also be asked to explain reporting requirements for health providers or refer adolescent clients to specialists who can advise them on their legal rights to health services.
- In cases where index clients and/or their partners are below the legal age of consent for HIV testing and/or are legally required to obtain parent/caregiver consent for HIV testing services, providers should discontinue or allow clients to opt out of testing as needed.



Decision-Making Point:

What is the legal and policy environment for adolescents to access HIV and other health services? Do local laws and policies recognize the rights of adolescents to access services confidentially and without parental/spousal consent or notification? In restrictive contexts where providers may be legally or otherwise required to report adolescents' sexual behavior or HIV status to their parents/caregivers or other parties, index testing needs to be implemented carefully and with fidelity to ensure that AGYW are not put at risk.

- AGYW and their partners may have had few sexual partners or sexual contacts. Therefore, a notified partner may be able to deduce who has tested positive. This risk must be acknowledged and discussed with the patient during the review of the various forms of PN that may be appropriate for the AGYW's situation.
- In addition to conducting routine enquiry for IPV, safety checks and assessments of risks of violence are vital for providers before pursuing index testing of AGYW partners.
- AGYW have the right to access services with privacy and confidentiality, including the right to determine who is in the room with them during service delivery. Clients should never be asked about experiences or fear of violence with others, including parents/caregivers or partners, in the room.
- Clinics and service delivery sites should have or be able to refer AGYW to providers who are trained in youth-friendly sexual and reproductive health (SRH) services, sexual violence and post-rape care, and psychosocial support and counseling for children and adolescents who have experienced violence.
- Referral and follow-up services for AGYW should consider dual protection and the integration of HIV and SRH services, including family planning.



JOB AID FOR INDEX TESTING WITH AGYW

This tool provides directions for providers and health workers delivering index testing and partner notification (PN) services for adolescent girls and young women (AGYW) who have tested positive for HIV. The protocol consists of six basic steps:

1. Introduce Index Testing to the Client
2. Perform AGYW Client Safety Check
3. Record Partners
4. Conduct Routine Enquiry for IPV to Determine Risk of Violence for Named Partner and Determine Testing Plan
5. Contact and Test Partners/Children
6. Index Testing and Partner Notification Follow-Up

At each step, this tool provides talking points, forms for recording information, and guidance for decision-making. This tool is designed for use with AGYW aged 15-24, though it can be adapted for use with other age groups or genders. Recognizing that AGYW are individuals with varying levels of sexual experience who may or may not be married and may or may not have begun child-bearing, providers are expected to use their best judgment in addition to the tools contained here.

STEP 1

Introduce Index Testing
to the Client

STEP 2

Perform AGYW Client
Safety Check

STEP 3

Record Partners

STEP 4

Conduct Routine Enquiry
for IPV to Determine Risk of
Violence for Named Partner
and Determine Testing Plan

STEP 5

Contact and Test
Partners/Children

STEP 6

Index Testing and
Partner Notification
Follow-Up

STEP 1: INTRODUCE INDEX TESTING TO THE CLIENT



SAY:

- The clinic is offering partner/family testing services to assist you to contact your partners and test any biological children* so that these partners and children can learn their HIV status.
- The service is offered because we know disclosure of HIV status to partners and family can be difficult. Disclosure is not required. You have the right to decide if, when, and how to disclose your status to their families and partners.
- If you choose to disclose your status, the clinic has information and resources to support you, including assisted disclosure or dual referral as part of index testing.
- Index testing/partner notification is voluntary and not required: you can choose whether you wish to participate or not.
- You will continue to receive the same level of care at this health facility regardless of whether you choose to participate in partner notification services.



ASK THE INDEX CLIENT:

- Do you have any questions about the process or what it means to take part in *voluntary* partner notification?
- Do you have any concerns about loss of confidentiality, or that your partners might be able to know who you are as a result of being contacted?
- Do you have concerns about your family or partner(s) knowing your status?

* If conducting index testing services with very young adolescents, aged 10-14, it is recommended to include their biological mother for follow-up testing.

FORM: AGYW INDEX CLIENT INFORMATION FORM

Instructions: Complete this form for AGYW clients who have tested positive for HIV, are legally of age to consent to services, and have verbally consented to receive index testing services.

Name of person completing form	Date form completed <small>(dd/mm/yyyy)</small>	Health facility or HIV testing site name/number
<input type="text"/>	<input type="text"/>	<input type="text"/>

CLIENT INFORMATION

Surname	Date of birth <small>(dd/mm/yyyy)</small>	Age <small>(years)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	<input type="checkbox"/> Above legal age to consent to sex	
<input type="text"/>		



Decision-Making Point:

If the client is below the legal age of consent for sex, consider a different HIV testing modality and disclosure plan.

Marital Status

Single
 Engaged to be married
 Married or cohabiting
 Divorced or separated
 Widowed

Does client have any biological children?

Yes
 No

Client's current home environment (mark all that apply)

with parent(s)/caregiver(s)
 with extended family
 with partner
 alone or independent
 school or group home
 street or unknown
 other

Client's preferred contact (phone or other)

Date of HIV diagnosis (dd/mm/yyyy)

Currently enrolled in an HIV treatment program?

Yes
 No

IF YES: Name of facility

ART enrollment number

IF NO: Referral provided/support offered?

Yes
 No

Name of referral clinic/description of support offered

Reason why no referral provided/support offered

STEP 2: PERFORM AGYW CLIENT SAFETY CHECK*



SAY:

- We do a safety check with all adolescent girls and young women, where we ask everyone the same questions. These questions and your answers help us better understand your experiences.
- We ask these questions so we can better support you. You do not have to answer any questions you are not comfortable answering. Choosing not to answer will not have any effect on the services you receive.
- Your answers will be kept confidential; that is, I am not allowed to tell other people what you tell me without your permission. I will not be writing down your responses to these questions.

Inform the client of any legal reporting requirements and in what circumstances you as a provider would be legally obligated to break confidentiality. Assure the client that outside of your legal reporting requirement, all information will be kept confidential.

FORM: AGYW SAFETY CHECK

*Instructions: Ask the client the following series of yes/no questions. There is no need to record client responses at this stage. If the client expresses concerns about their safety in their home, or discloses experience or fear of physical, emotional or sexual violence, **offer to stop index testing services immediately** and 1) provide first-line support to the client and 2) refer the client to relevant and appropriate health, legal, child protection, and psycho-social response services.*

HOME ENVIRONMENT

How comfortable do you feel telling the people in your home that you have tested positive for HIV?

Is there someone in your home who you can trust?

EXPERIENCE OF VIOLENCE

Has anyone in your home ever threatened to hurt you in any way?

Has anyone in your home ever hit, kicked, slapped, or pushed you in a way that hurt?

Are you ever afraid that someone in your home would hurt you or physically harm you in any way?

FEAR OF MISTREATMENT

Does anyone in your home insult you, call you names, or make you feel like you're not welcome?

Does anyone in your school or community insult you, call you names, or make you feel like you're not welcome?

Do you fear that revealing your HIV positive status would cause someone to treat you differently? How so?

* Adapted from WHO Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A clinical handbook.

STEP 4: CONDUCT ROUTINE ENQUIRY FOR IPV TO DETERMINE RISK OF VIOLENCE FOR NAMED PARTNERS AND DETERMINE TESTING PLAN



SAY:

- I want to remind you that this process is voluntary and you can stop it or take a break at any time. Are you ok to continue?
- At this point, we're going to collect a bit more information about each of the partners you've told us about. This will help you decide the best way to reach out to each of them for testing.
- We ask everyone these same questions. Please try to answer as many as you can, but you do not have to answer every question if you do not know or do not remember.
- *For clients with biological children:* We recommend that you get your biological children tested, as this will help you ensure they have the services and support they need. If you choose to test your children, you can bring them in for testing, or *(if available)* we can arrange for a health worker to come to your home to test them.

FORM: PARTNER INFORMATION AND SCREENING, PART I

Instructions: This form has three sections: partner information, IPV screening, and testing plan. Complete one form, including both the information and screening sections, for each partner named by the index client. If the partner passes an IPV screen, continue directly to the index testing plan before beginning the next partner's form. If the partner fails an IPV screen, pause the index testing process to provide support or referral to other services for IPV response before continuing to the next named partner.

After completing a separate form for each contact, file all completed forms in the index client's folder or medical chart. Questions in italics are for providers to add/fill out.

Partner testing **recommended** **not recommended** for this partner.

PART I: PARTNER INFORMATION

Partner's No.	Partner's surname	Partner's given name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's DOB <i>(if known) (dd/mm/yyyy)</i>	Partner's Age <i>(if known) (years)</i>	<input type="checkbox"/> Above legal age to consent to sex
<input type="text"/>	<input type="text"/>	



Decision-Making Point:

If the partner is below the legal age of consent for sex, index testing needs to be implemented carefully and with fidelity to ensure that AGYW are not put at risk.

Partner's sex

Male Female Other



Decision-Making Point:

Index testing may not be necessary/recommended for female-female partnerships.

Do you know if this partner has any other partners?

Yes No Declines to answer

IF YES: How many? Unknown

As far as you know, has this partner ever tested positive for HIV?

Yes No Unknown

IF YES: Is this partner currently taking medications for HIV?

Yes No Unknown



Decision-Making Point:

Index testing and partner notification services are not needed for partners who are known to be HIV positive. Move on to the next partner.

Go on to the next page.

STEP 4: CONDUCT ROUTINE ENQUIRY FOR IPV TO DETERMINE RISK OF VIOLENCE FOR NAMED PARTNERS AND DETERMINE TESTING PLAN (CONT.)



SAY:

For AGYW who disclose experiences of violence, providers should respond using the “LIVES” technique to provide first-line support and assess survivors’ needs:

- **Listen:** Listen to the client closely, with empathy, and without judgment.
- **Inquire:** Ask about and respond to the needs and concerns of the client.
- **Validate:** Demonstrate that you understand and believe the client. Assure the client that they are not to blame.
- **Enhance safety:** Discuss and help your client create a plan to protect themselves from further harm.
- **Support:** Connect your client to information, services, and social support.

FORM: PARTNER INFORMATION AND SCREENING, PART 2

PART 2: PARTNER SCREENING FOR IPV RISK

How would you describe your relationship to this partner? *(check all that apply)*

- My wife/husband
- My fiancée/fiancé
- We live together but are not married
- My girlfriend/boyfriend
- Someone I had sex with for fun
- Someone who pays me or gives me things to have sex with them
- Someone I paid or gave things to in order to have sex with them
- Someone I had sex with but didn’t want to
- Someone who forced or convinced me to have sex with them
- Other (describe):

Do you currently live with this partner?

- Yes
- No
- Declines to answer

How often do you currently see this partner?

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

- Yes
- No
- Declines to answer

Has this partner ever threatened to hurt you?

- Yes
- No
- Declines to answer

Has this partner ever forced you to do something sexual that made you feel uncomfortable, that you didn’t want to, or at a time that you didn’t want to?

- Yes
- No
- Declines to answer

Would it make you afraid for this partner to know your HIV status?

- Yes
- No
- Declines to answer



Decision-Making Point:

If the client reports any threat or experience of violence from a partner they currently live or interact with, offer to stop index testing immediately and ensure the client is given first-line support and provided or referred for IPV response services. Index testing may be resumed with other partners at a later date/after the client has received support. If the client indicates fear of the partner knowing their HIV status, index testing may be continued, but only provider referral is recommended.

Go on to the next page.

STEP 4: CONDUCT ROUTINE ENQUIRY FOR IPV TO DETERMINE RISK OF VIOLENCE FOR NAMED PARTNERS AND DETERMINE TESTING PLAN (CONT.)



SAY:

- For each partner, there are four options for contacting and testing. You will be able to choose which method you prefer for each partner. You do not have to choose the same method for all partners.
- The options for notifying your partner include:
 - **Client referral:** You will contact your partner directly and let them know that they should be tested for HIV. You can contact them by yourself, or with support from us or from someone else that you trust.
 - **Provider referral:** We will contact your partner, without sharing your name, and ask them to come in for HIV testing.
 - **Contract referral:** You can set a time period for you to contact the partner. After that time is up, we will check in with you to make sure that you have contacted them, and then follow-up with your partner to make sure they get tested.
 - **Dual referral:** We will meet with your partner together so that I can support you while you tell your partner, and then test them right away.

FORM: PARTNER INFORMATION AND SCREENING, PART 3

PART 3: INDEX TESTING AND PARTNER NOTIFICATION PLAN

Instructions: Review the options for partner notification with the client. Make sure the client understands that they can choose a different method for each partner. Record their preferences and follow-up plan using this form.

Index client's plan for partner notification:

- Client Referral:** Client will notify partner and refer for testing.
- Provider Referral:** Provider will notify partner and refer for testing. Client information will be kept confidential.
- Contract Referral:** Client will first notify partner by Provider may contact client for permission to follow-up with referral for testing after this date.
- Dual Referral:** Client and provider will jointly notify partner. Joint session scheduled for at
- Partner testing not recommended for this partner due to safety or other concerns.
- No partner testing needed.

For clients with biological children:

Index client's plan for testing children:

- Facility-based:** Client will bring children to the facility for testing. Testing scheduled for at
- Community-based:** Provider will visit or arrange for community health care worker to visit client's home and test children. Visit scheduled for
- Family testing not recommended at this time due to safety or other concerns.
- No family testing needed: All children know their status and are receiving appropriate care.

STEP 5: CONTACT AND TEST PARTNERS/CHILDREN

FORM: OUTCOME OF PARTNER NOTIFICATION AND TESTING

Instructions: Complete as many forms as needed for partners included in partner notification and testing services. Partner number should correspond to the number listed on the index client's partner elicitation form. Partner numbers do not need to be in order.

INDEX CLIENT INFORMATION

Name/Client ID number

HTS/ART clinic number

Client DOB (dd/mm/yyyy)

 / /

Safety check completed?

 Yes No

PARTNER number:

IPV screening completed? Yes No

Type of partner testing

Client Provider Contract Dual

Date/method of 1st contact attempt (dd/mm/yyyy)

 / / Phone Home

Date/method of 2nd contact attempt (dd/mm/yyyy)

 / / Phone Home

Date/method of 3rd contact attempt (dd/mm/yyyy)

 / / Phone Home

Was partner contacted? Yes No

IF YES: who contacted partner?

Client Provider Client + Provider

Outcome of partner notification services

Partner received an HIV test
 Partner refused an HIV test
 Partner known to be HIV-positive
 Other:

Partner's HIV status (if tested)

HIV-positive HIV-negative

If HIV-positive: Partner referred to services?

Yes No

Is the partner on ART?

Yes No

PARTNER number:

IPV screening completed? Yes No

Type of partner testing

Client Provider Contract Dual

Date/method of 1st contact attempt (dd/mm/yyyy)

 / / Phone Home

Date/method of 2nd contact attempt (dd/mm/yyyy)

 / / Phone Home

Date/method of 3rd contact attempt (dd/mm/yyyy)

 / / Phone Home

Was partner contacted? Yes No

IF YES: who contacted partner?

Client Provider Client + Provider

Outcome of partner notification services

Partner received an HIV test
 Partner refused an HIV test
 Partner known to be HIV-positive
 Other:

Partner's HIV status (if tested)

HIV-positive HIV-negative

If HIV-positive: Partner referred to services?

Yes No

Is the partner on ART?

Yes No

FORM: OUTCOME OF FAMILY TESTING FOR BIOLOGICAL CHILDREN

Instructions: Complete for index clients with one or more biological children recommended for testing. Complete additional forms as needed for clients with more than 2 children. This form should be reviewed and updated annually or as part of post-natal care with index clients when new children are born. Children with a known HIV status do not need to be re-tested unless there is a new exposure risk.

INDEX CLIENT INFORMATION

Name/Client ID number

HTS/ART clinic number

Client DOB (dd/mm/yyyy)

 / /

Safety check completed?

 Yes No

Date form completed (dd/mm/yyyy)

 / /

Date for scheduled community home visit (dd/mm/yyyy)

 / /

Deadline for return to facility (dd/mm/yyyy)

 / /

CHILD 1

Name

Sex

Male Female

Other

Date of birth (dd/mm/yyyy)

 / /

Type of family testing

Facility Community Test declined

Child's HIV status

HIV-positive HIV-negative Unknown

If HIV-positive: Referred to services?

Yes No

ART start date (dd/mm/yyyy)

 / /

ART client number

CHILD 2

Name

Sex

Male Female

Other

Date of birth (dd/mm/yyyy)

 / /

Type of family testing

Facility Community Test declined

Child's HIV status

HIV-positive HIV-negative Unknown

If HIV-positive: Referred to services?

Yes No

ART start date (dd/mm/yyyy)

 / /

ART client number

STEP 6: INDEX TESTING AND PARTNER NOTIFICATION FOLLOW-UP

Throughout this tool, key dates and recommendations for referrals for clients have been provided. This form allows providers to track referrals and key dates to ensure appropriate follow-up with AGYW clients who have received index testing and partner notification services.

FORM: REFERRALS AND KEY DATES FOR FOLLOW-UP

Instructions: At the close of the initial index testing session with the client, review all previous steps and complete this form. Include the completed form with the client's file or medical record to ensure tracking of referrals made and dates for continuing services.

INDEX CLIENT INFORMATION

Name/Client ID number

HTS/ART clinic number

Client DOB (dd/mm/yyyy)

Client participating opted out of partner notification services.

If the client has opted out of services, skip to referral follow-up below.

INDEX TESTING/PARTNER NOTIFICATION FOLLOW UP

Number of partners included in services

Final deadline for contact referral (dd/mm/yyyy)

NUMBER OF PARTNERS SELECTED	NUMBER OF PARTNERS COMPLETED
Client Referral:	Client Referral:
Provider Referral:	Provider Referral:
Contact Referral:	Contact Referral:
Dual Referral:	Dual Referral:

Scheduled appointments for dual referral

PARTNER NO.	APPOINTMENT DATE (dd/mm/yyyy)	APPOINTMENT KEPT? (yes/no)

FORM: REFERRALS AND KEY DATES FOR FOLLOW-UP (CONT.)

Scheduled index client follow-up date (dd/mm/yyyy)

Select a date after all partner notification services are scheduled to be completed to follow-up with the index client to ensure ongoing safety and connection to services.

Index client follow-up completed?

Yes No

INDEX CLIENT REFERRALS FOLLOW-UP

For each referral indicated for this index client, please complete: Date referral made, location of referral services, and follow-up plan made with client.

HIV TREATMENT AND CARE

ART services

Referral date (dd/mm/yyyy)

Location

Follow-up plan

Counseling/support services

Referral date (dd/mm/yyyy)

Location

Follow-up plan

IPV/VIOLENCE SUPPORT AND RESPONSE

IPV clinical response services

Referral date (dd/mm/yyyy)

Location

Follow-up plan

Child protection/law enforcement

Referral date (dd/mm/yyyy)

Location

Follow-up plan

Counseling and psycho-social support

Referral date (dd/mm/yyyy)

Location

Follow-up plan

Legal/victim support services

Referral date (dd/mm/yyyy)

Location

Follow-up plan

TOOLBOX: ADDITIONAL RESOURCES FOR PROVIDERS WORKING WITH AGYW

Tools for providers on services for adolescents who have experienced sexual or intimate partner violence:

- [The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence](#), USAID 2012.
- [Responding to Children and Adolescents who have been Sexually Abused](#), WHO 2017.
- [Strengthening Linkages between Clinical and Social Services for Children and Adolescents who have Experienced Sexual Violence](#), USAID 2015.

Tools for providers on services for adolescents living with HIV:

- [Adolescent and Youth Sexual and Reproductive Health Toolkit: Services and Supply](#), The Challenge Initiative 2018.
- [Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers](#), Columbia University Mailman School of Public Health 2012.
- [Adolescent HIV Testing, Counselling and Care: Implementation guidance for health providers and planners](#), WHO 2014.
- [Guideline on HIV disclosure counselling for children up to 12 years of age](#), WHO 2011.
- [Healthy, Happy and Hot: A young person's guide to their rights, sexuality and living with HIV](#), International Planned Parenthood Federation 2010.
- [HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV](#), WHO 2013.
- [Pediatric and Youth Disclosure Materials](#), USAID 2012/2013.
- [Positive Connections: Leading information and Support Groups for Adolescents Living with HIV](#), FHI 360 2013.
- [Transitioning of Care and Other Services for Adolescents Living with HIV Toolkit](#), USAID 2013.

Tools to strengthen adolescent and youth-friendly health service delivery:

- [Adolescent Job Aid: A Handy Desk Reference Tool for Primary Level Health Workers](#), WHO 2010.
- [Global Standards for Quality Health Care Services for Adolescents](#), WHO 2015.
- [Making Health Services Adolescent Friendly: Developing National Quality Standards for Adolescent Friendly Health Services](#), WHO 2012.
- [Module 16: Reproductive Health Services for Adolescents Training Curriculum](#), Pathfinder 2004.
- [Provide: Strengthening Youth-Friendly Services](#), International Planned Parenthood Federation 2012.
- [Thinking Outside the Separate Space: A Decision-Making Tool for Designing Youth-Friendly Services](#), Evidence2Action 2015.

END NOTES

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Positive Youth Development (PYD) engages youth along with their families, communities and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets and competencies; foster healthy relationships; strengthen the environment; and transform systems.

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