

USAID AMPATH Uzima



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Standard Operating Procedures (SOP) for Implementation of Safe and Ethical Index Testing Services

SOP NO. I	TITLE:	Implementation of Index Testing SOP	
	PROJECT:	Uasin Gishu County and USAID AMPATH Uzima	
EFFECTIVE DATE: June 2022		SUPERSEDES: Version 2021	
APPROVED BY CASCO:			DATE:
AMPATH Uzima COP:			DATE:

Review Date	Revision Date	Reason for Revision	Signature
June, 2022	June, 2024	<ul style="list-style-type: none">Change of mechanism from AMPATHPlus to USAID AMPATH Uzima	

- Purpose/Background:** The purpose of this document is to guide on implementation of safe and ethical Index testing Services. This will be used as a county and AMPATH Uzima program document supporting the implementation of National guidelines on the Implementation of assisted Partner Notification Services and WHO guidelines on Safe and Ethical Index Testing. This document will provide more guidance on tracing elicited and eligible partners and biological children for HIV Testing Services. It will address existing gaps, especially in the processes, documentation and financial facilitation of the team of providers. The SOP will help clarify issues such as; how index testing documentation is expected to be done, how one determines whether the elicited partner/children should be traced at home or use of non-facility approach – what documentation is required for

this process; what transport rates are to be used as well as what approvals are required before and after conducting non-facility contact tracing.

2. Scope/Target group

This SOP will guide all health care providers offering HIV Testing services to clients and conducting Index testing services; among them HTS counselors who take key roles in Index testing. Other cadres who will be guided as they provide index testing will be: nurses, clinicians, and all others (including CCC persons) who are concerned with index testing. This SOP will be printed and kept at an appropriate point for quick reference and guide in ensuring index testing services are offered to all categories of clients and immediate tracing of all elicited and consenting contacts is done.

3. Detailed Processes

3.1 Provision of Index Testing/assisted Partner Notification Services

- Index testing services will be offered in strict adherence to the guiding documents in the country: HIV Testing Services Guidelines, assisted Partner Notification and HIV Self-Testing Guidelines and PEPFAR/WHO Guidance on implementation of Safe and Ethical Index Services.
 - This will ensure the provision of safe and ethical index testing services
- Index testing services will be offered to different client categories as guided by the available guidelines. These categories include newly diagnosed HIV-positive clients, unsuppressed clients, PMTCT clients, Clients being brought back to care, and any other category as shall be guided by the technical leadership (MoH and Program) based on available data.
- All elicited contacts (partners and biological children) will be documented in the assisted Partner Notification Services Registers as required
- The Index Testing services provider will be keen as per the guidelines to document the preferred partner notification approach for each elicited contact (Provider referral, Contracts Referral, Dual Referral, Passive Referral); this will help in determining tracing systems.
- The service provider will obtain written consent from all clients for participation in index testing services and reaching out to the contacts (both children and sexual partners); the consent form will be guided by the national guidelines on the implementation of assisted partner notification services in Kenya.

3.2 Contact Tracing System

- The HTS provider will ensure all elicited contacts to be followed up for HIV testing are well documented in the PNS/Index testing registers

- The documentation will be clear on the approach the index client prefers for contact tracing
- The HTS provider will collect as much contact locator information as possible to aid in tracing in the event phone tracing is not successful.
- Based on the preferred approach, the HTS/index testing provider will prioritize having the elicited contact visit the health facility for HIV testing; documentation will be provided to demonstrate the effort of inviting the contact to the health facility. This will be well captured in the aPNS register indicating the attempts and date.
- Contacts will be reached for HIV testing services; they will be given the first option of visiting the health facility for HIV testing.
- For Contacts who request to be tested at their places – home, workplace and any other place – for various reasons including fear of IPV, client-specific requests will be implemented.
- Contacts who after documented attempts (at least three) have not been reached will be physically traced at their locations for HIV testing; the index client will be informed of this and consent sought for this as well. Contact physical tracing will not be done if the index client doesn't consent.
 - Even with the consent from the index client, this approach will be implemented safely and ethically.
 - The HTS provider will determine ways of reaching the contact without breaking confidentiality and by reducing stigma-related approaches
 - Some of these approaches could be: targeting the contact residence with HIV testing outreach, conducting workplace testing where the contact works – among other strategies
- Contacts not honoring their appointment at least three times will equally be traced in the community with approaches as indicated above
 - The HTS provider will demonstrate attempts to reach the contact with no success with proper documentation – documentation to be done in the PNS register
- All this information and approval by the client will be captured and well documented in the consent form; the consent forms will be filed safely in folders kept in lockable cabinets.

3.3 Facilitating Contact tracing

- The index testing provider/ HTS provider will invite the contact for testing at the health facility.

- Contacts able to visit the health facilities with no transport reimbursement will be offered HTS
- Contacts indicating the will to come to the health facility but lack means of transport will be invited to come and get transport reimbursement.
 - The list of contacts in need of transport reimbursement will be approved by the CCC/facility in-charge and program officer before reimbursement.
- HTS providers will be provided with transport facilitation for reaching out to contacts who either choose to be visited at home or those who don't honor their appointments or are not traceable through phone as documented in section 3.2 above.
- The transport facilitation will be either through; reimbursement paid after the activity has happened or through Imprest holding that will ensure no contact fails to be tested due to lack of funds
 - The Imprest will be given to the HTS providers for those with PF numbers; those without PF numbers such as the locum providers/on stipend will have the imprest held by the facility CCC in charge who will disburse to them as the need arises
 - **Note 1:** The HTS provider on stipend will sign a cash transfer form for any amount received from the CCC in charge for tracing a contact – to help in accountability
 - **Note 2:** Facilitation done through reimbursement or imprest will be based on the actual cost incurred – The actual rates. These rates will be verified and approved by the relevant persons such as CCC/Facility in-charges and Program Officers. **These rates will be used throughout this document**
 - Reimbursements will be paid directly to the individual provider who conducted the Index Testing through the MPESA platform
- The Imprest to be requested will be based on the number of untested contacts to be reached through a community approach
 - The HTS providers will develop a line list of untested contacts to be traced for HTS at community level while adhering to section 3.2 above on those who qualify for community-based index testing
 - This will be done through the use of the '*Contact Line Listing Tool for Planned Community Tracing*'
 - The list will include the amount of money needed to reach each contact at actual rates

- Contacts residing in the same locality will be targeted on the same day to reduce the cost incurred and increase efficiency; the request will therefore target more contacts where applicable
- The list will be handed over to the CCC in charge for verification of the rates and forwarded to the program officer for further verification and raising of funds through program channels
- In cases where the facilitation will be done through reimbursement of funds used:
 - The HTS provider will notify the CCC in charge of the contacts he/she intends to trace by filling Contact Line Listing Tool for Planned Community Tracing
 - The HTS Provider will then proceed to trace the contacts for HIV testing
 - The HTS provider will, after tracing the contacts, fill the standard “*Community Contact Tracing Outcome Tool*” which indicates contacts that were traced and tested, their test results and linkage status for those testing HIV positive and amounts being claimed per contact.
 - **Note:** The Index and contact identification information in the Outcome tool will be coded through the use of contact initials and CCC numbers in adherence with Safe and Ethical guidance on index testing services; to protect clients' identity
 - The HTS provider will also fill an MPESA request form which will carry the total amount being claimed; the MPESA request form will be a summary of the filled aPNS community contact tracing outcome tool which will have a more detailed breakdown of the amount claimed.
 - The filled forms (MPESA form and Community Contact Tracing Outcome Tool) will be verified by the CCC in charge and stamped before submission to the program officer and the County HTS officer for forwarding to the finance department for payment.
 - **Note:** The CCC in charge will verify the testing documentation in the relevant registers (aPNS and MoH 362 registers)
 - The in-charge will, in addition, verify the linkage status of those identified as HIV positive from this activity; the **linkage process will be done as guided in the Referral and Linkage SOP**
 - Any reimbursement raised will be fast-tracked and payment will be done within two weeks of submission
 - The reimbursements will be done on a bi-weekly basis; to ensure individuals are reimbursed for their funds to further facilitate contact tracing

- For non-CCC sites, Imprest will be raised through the County HTS Officer and he/she (County HTS officer) will use the necessary channels such as working closely with the OPD in charge to verify the testing outcomes and the amount being claimed

3.4 Documentation and Reporting Process

- aPNS documentation will be mainly done in the aPNS registers as well as other relevant registers such as MoH 362 registers, Linkage register, and referral documents among others
- All tests done to contacts will be updated in the PNS register along with the contact elicitation information to help in tracking contact testing rates
- All contacts tested will also be documented in the MoH 362 registers as the official documentation for HIV tests
- Contacts identified as HIV positive will be documented in the linkage register (contained in MoH 362 back side)
- Contacts testing HIV positive will also be issued with a referral tool for documentation and help complete the linkage process to care
- Contacts testing HIV positive will be line listed in the aPNS register as Index clients and elicitation of their contacts done for further tracing
- All index and HTS-related registers will be stored in a lockable cabinet with limited access to ensure the confidentiality of client data; *no registers should be left on the desks unattended at any one given time.*
- aPNS data will be reported using the MoH platforms such as KHIS as well as AMPATH Uzima platforms such as AMEP – on the expected timelines such as weekly as well as monthly

3.5 Roles and responsibilities

i) HTS providers

- Offering index testing services to clients in different service delivery points
- Tracing and testing elicited contacts for HIV testing through agreed aPNS approaches
- Ensuring over 95% linkage of contacts testing HIV positive to care and treatment
- Ensuring proper documentation of all aPNS processes carried out; including reporting
- Working closely with other relevant staff such as CCC in-charges, and peer educators among others in ensuring no contact eligible to be tested is left untraced
- Receiving and accounting for all received funds for contact tracing through actual spent rates

ii) Facility/CCC In-charges

- Monitoring and supporting the implementation of index testing services in the facility
- Working closely with the HTS providers to ensure no eligible contact is left untraced by helping to follow up provision of funds through the right channels
- Putting the team together (among others, peer educators, and data personnel) to ensure smooth implementation of index testing in the facility
- Conducting data reviews in the facility to help monitor the implementation of Index testing services for quality improvement.
- Verifying and accounting for funds spent in ensuring results are achieved and addressing any fraudulent issues with index testing funds

iii) Data/M & E staff

- Guiding HTS providers in ensuring proper documentation of the PNS processes; including filling of registers
- Helping HTS providers and other personnel in generating aPNS reports for submission
- Participating in facility data reviews for quality service improvement through data use

iv) Program Officer

- Coordinating with the facility and CCC in-charge in ensuring the provision of index testing/aPNS to elicit contacts
- Verifying reimbursement documents before payment is done; verifying both results and rates claimed for the activity.
- Help in requesting aPNS funds for the HTS providers

v) County HTS Officer

- Offering technical guidance and support in the provision of safe and ethical index testing services
- Working closely with CCC/Facility in-charges to ensure funds are availed to HTS providers to conduct a PNS
- Requesting funds for contact tracing through the right channels and in the right staff names
- In collaboration with the CCC/facility in-charges monitor and account for funds provided for aPNS – through verification of surrender documents
- Ensure county-level reporting of all index testing services activities and utilize data to make decisions and mentor staff for improved service provision

3.6 Annexes:

1. Program MPESA claim form
2. aPNS Community Contact Tracing Outcome Tool
3. Program cash acknowledgment form
4. Contact line listing tool – for tracing

Appendix 1: Received Cash Acknowledgement Form

CASH RECEIVED ACKNOWLEDGEMENT FORM

I.....(Name) PF/ID No.....acknowledge
receipt of Kshs.....(Figures); In words.....
from.....PF/ID NO.....for
..... (Purpose).

Receiving Officer

Designation.....

Date.....

Sign.....

Issuing Officer

Designation.....

Date.....

Sign.....

Confirmed by (Supervisor)

Name.....

Designation.....

Date.....

Sign.....

Contact Line Listing Tool for Planned Community Tracing *(Use this to place request)*

	Index Client CCC No.	Contact Name Initials. e.g. – L.K.S	Planned date for contact tracing	Contact Residence to be visited	Relationship to Index Client (Child, Sibling, Sexual Partner, PWID Partner)	Amount Requested	Name of HTS Provider.	Signature
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Confirmed by Facility In-charge:

Name: _____ Designation: _____ Sign: _____ Date: _____

Confirmed By Program Officer:

Name: _____ Designation: _____ Sign: _____ Date: _____

Verified by County HTS Officer (optional):

Name: _____ Designation: _____ Sign: _____ Date: _____

Version; June, 2022

Index Testing/aPNS Community Contact Tracing Outcome Tool

Index Client CCC No.	Date of contact tracing	Name of Place Visited	Contact Name Initials. e.g. – L.K.S	Relationship to Index Client (Child, Sibling, Sexual Partner, PWID Partner)	Contact Tested for HIV (Yes/No)	HIV Status (Pos/Neg)	If Positive, Facility Enrolled	If enrolled, CCC Number	If Neg, Enrolled for PrEP (Yes/No)	Amount Used	Name of HTS Provider.	Signature
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												

Confirmed By Facility In-charge:

Name: _____ Designation: _____ Sign: _____ Date: _____

Confirmed By Program Officer:

Name: _____ Designation: _____ Sign: _____ Date: _____

Verified By County HTS Officer:

Name: _____ Designation: _____ Sign: _____ Date: _____