COBATEST
NETWORK

Monitoring Community-Based Voluntary Counselling and Testing (CBVCT) Services

Guidelines for Aggregated Data Submission

2018

Introduction

This document was prepared for members of the COBATEST network that use their own data collection system (not the COBATEST online tool), as guidance on how to submit the data for aggregated monitoring and evaluation (M&E) indicators. The guidelines provide the list of indicators required for completing the Excel of CBVCT M&E indicators. The CBVCT indicator data should be extracted from the CBVCT services own data management system and prepared according to the specifications.

CBVCT M&E data files should be submitted to the COBATEST Network annually, by the following deadlines:

Data for the period:	Should be submitted by:
1st January 2017 - 31st December 2017	31st March 2018
1st January 2018 - 31st December 2018	31st March 2019
1st January 2019 - 31st December 2019	31st March 2020

Acknowledgements

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Consensus on the list of core and optional CBVCT indicators was reached on the draft document at the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services in Barcelona on 24 th of May 2012. Special thanks to Tobias Alfven (Joint United Nations Programme on HIV/AIDS - UNAIDS, Switzerland) for his contribution to the workshop and all his suggestions on how to improve the document. In addition to all individuals mentioned above, the following individuals participated at the workshop: Elena Adán (CAS Lluís Companys – Creu Roja,Spain), Maite Arrillaga (CEEISCAT), Alison Brown (Health Protection Agency-HPA, UK), Michele Breveglieri (ULSS 20, Italy), Laia Ferrer (CEEISCAT), Ricardo Fuertes (CheckpointLX, Portugal), Frank Funz (AIDS-Hilfe, Germany), Martina Furegato (ULSS 20, Italy), Jakob Haff (AIDS-Foundation, Denmark), Michael Meulbroek (Projecte dels NOMS-HISPANOSIDA, Spain), Adriana Morales Sida,(Stop Spain), Galina Musat (ARAS, Romania), Félix Pérez (Projecte dels NOMS-HISPANOSIDA, Spain), Ivo Procházka (Institute of Sexology, Czeck Republic), Ferran Pujol (Projecte dels NOMS-HISPANOSIDA, Spain), Daniela Rojas Castro (Association AIDES, France), Giorgio Sandrini Italy),(Arcigay,Sílvia Silva (Àmbit Prevenció-Ámbit Dona, Spain), Igor Sobolev (Estonian Network of LivingPeoplewith HIV, Estonia), Július Szabó (Ceska spolecnost AIDS pomoc, Czech Republic), Inga Upmace (The Baltic HIV association, Latvia), and Iwona Wawer (National AIDS Centre of Poland).

After the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services, the document was sent for final comments to all members of the HIV-COBATEST Steering Committee and the members of the Advisory Board of the HIV-COBATEST Project who were: Cinthia Lemos,Menel-HIV-COBATEST Project Officer (Executive Agency for Health and Consumers – EAHC, Luxemburg), Marita Van der Laar (European Centre for Disease Prevention and Control – ECDC, Sweden), Luisa Frescura (UNAIDS), Martin C. Donoghoe (World Health Organisation – WHO, Europe, Denmark), Brenda Spencer (Laussane University Institute of Social and Preventive Medicine, Switzerland), Ricardo Fernandes (European AIDS Treatment Group, Belgium), Jens D. Lundgren (National University Hospital & University of Copenhagen HIV programme and HIV in Europe, Denmark).

The preparation of the final document was coordinated by Irena Klavs and Cristina Agustí Benitothrough several rounds of review by e-mail and teleconferences and the contribution of Jordi Casabona, Laura Fernàndez López, Eduardo Ditzel, Miha Lobnik, and Per Slaaen Kaye.

CBVCT Indicators

Although the list of core CBVCT indicators suggested above for M&E CBVCT services is already rather long, individual CBVCT sites may decide to monitor a few additional indicators that are relevant to their specific CBVCT service objectives and targets or are requested for monitoring by funding agencies or donors. Such additional indicators could include indicators on counselling quality andcontent, client satisfaction, counsellors' requirements and satisfaction, etc. This might require not only more extensive data collection but also more complex data collection methods (e.g. exit interviews to monitor clients' satisfaction (9) or direct observation of interaction between clients and providers to monitor adherence to national HTC service quality standards) and should be considered carefully.

Core CBVCT indicators for CBVCT services offering HIV screening

Firstly, CBVCTs will complete contextual descriptive data about the service such as: type of test used, staff involved, key populations targetted, data collection tool used (standardised questionnaire, online tool etc).

All these indicators, except for the latter two, should also be monitored in "disaggregated" form by gender (male, female, transgender), age (<25 and 25+ years old) and key population at risk (MSM, SW, IDU, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an IDU SW would be recorded in two categories and then once in "All").

Screening tests may be Enzyme-linked immunosorbent assay (ELISA) HIV test or rapid HIV test. Please specify in the contextual data.

CBVCT 1: Number of clients tested for HIV with a screening test
To count number of clients, unique identifier must be used to eliminate duplicate tests and to link information obtained at different visits from the same client and information about the same client received from other services (e.g. HIV testing laboratory). For an example of the unique identifier recommended by COBATEST, see Annex 1.

CBVCT 2: Proportion of clients who reported to have been previously tested for HIV

$$\frac{\text{Number of clients who reported to have been previously tested for HIV}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months

$$\frac{\text{Number of clients who reported to have been tested for HIV in previous 12 months}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months

$$\frac{\text{Number of clients who reported to have been tested for HIV in previous 12 months in same CBVCT facility}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 5: Proportion of clients with reactive screening HIV test result

$$\frac{\text{Number of clients with a reactive screening test}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 6: Proportion of clients tested for HIV with a screening test who received the results

$$\frac{\text{Number of clients with reactive screening test who received results}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 7: Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test

For clients who have a reactive HIV test, confirmatory testing usually takes place in a healthcare facility with a fourth-generation test. Recording of this will depend on the client reporting back to the CBVCT or giving permission to be followed-up.

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 8: Proportion of clients with positive confirmatory HIV test result

$$\frac{\text{Number of clients with positive confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 9: Proportion of clients with false positive results

$$\frac{\text{Number of clients with false positive result}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

Optional CBVCT indicators for CBVCT services offering HIV screening

CBVCT 10: Cost per client screened for HIV

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients tested with a HIV screening test}}$$

CBVCT 11: Cost per confirmed HIV diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed HIV infection}}$$

CBVCT 12: Proportion of clients with confirmed HIV diagnosis who were linked to healthcare

The OptTest definition of linkage to care: the proportion of patients seen for HIV care (measured by first CD4 count and/or viral load and/or attendance date and/or treatment start date). Most CBVCT services collect linkage to care based on first attendance date at healthcare facility. Prompt linkage is: linkage within 3 months of diagnosis. Recording of this variable will depend on the client consenting to share this information either themselves or through the health system.

$$\frac{\text{Number of clients with confirmed HIV infection who were linked to care}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \text{ x } 100$$

CBVCT 12: Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

Late diagnosis is defined as CD4 cells count of <350 CD4 cell/mm^3 within three months after HIV diagnosis.

$$\frac{\text{Number of clients with confirmed HIV infection who were linked to care}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \text{ x } 100$$

Core CBVCT indicators for CBVCT services offering HCV/Syphilis/other screening

If your CBVCT offers screening for HCV or syphilis, complete a extra sheet on the Excel for each disease. The tests used should be specified in the first sheet in contextual information.

Indicators CBVCT1-8 should also be monitored in "disaggregated" form by gender (male, female, transgender), age (<25 and 25+ years old) and key population at risk (MSM, SW, IDU, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an IDU SW would be recorded in two categories and then once in "All").

CBVCT STI 1: Number of clients tested for [HCV or syphilis] with a screening test
To count number of clients, a CBVCT service specific clients' unique identifiers must be used to eliminate duplicates. For an example of the unique identifier recommended by COBATEST, see Annex 1.

CBVCT STI 2: Proportion of clients who reported to have been previously tested for [HCV or syphilis]

$$\frac{\text{Number of clients who reported to have been previously tested for [HCV or syphilis]}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 3: Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis]

$$\frac{\text{Number of clients who reported to have been previously diagnosed with [HCV or syphilis]}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 4: Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis] during preceding 12 months

$$\frac{\text{Number of clients who reported to have been diagnosed with [HCV or syphilis] during preceding 12 months}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 5: Proportion of clients with reactive screening [HCV or syphilis] test result

$$\frac{\text{Number of clients with a reactive screening test}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 6: Proportion of clients with reactive screening [HCV or syphilis] test result who were tested with confirmatory [HCV or syphilis] test

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory [HCV or syphilis] test}}{\text{Number of clients with a reactive [HCV or syphilis] screening test}} \times 100$$

CBVCT STI 7: Proportion of clients with [HCV or syphilis] diagnosis of active infection

$$\frac{\text{Number of clients with positive confirmatory [HCV or syphilis]test}}{\text{Number of clients with a reactive [HCV or syphilis]screening test}} \times 100$$

CBVCT STI 8: Proportion of clients with [HCV or syphilis] diagnosis of old infection

$$\frac{\text{Number of clients with diagnosis of old infection}}{\text{Number of clients tested with a [HCV or syphilis]screening test}} \times 100$$

CBVCT STI 9: Cost per client screened for [HCV or syphilis]

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients tested with a HIV screening test}}$$

CBVCT STI 10: Cost per confirmed [HCV or syphilis] diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed HIV infection}}$$

CBVCT 11: Proportion of clients with confirmed [HCV or syphilis] diagnosis who were linked to healthcare

$$\frac{\text{Number of clients with confirmed [HCV or syphilis] infection who were linked to care}}{\text{Number of clients with confirmed [HCV or syphilis] infection first screened in CBVCT}} \times 100$$

4. Recommendations for the implementation of guidelines for CBVCT services

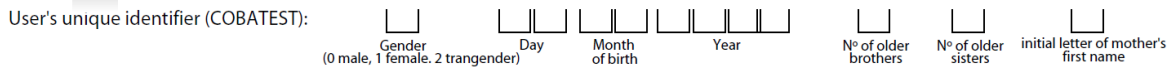
Monitoring and evaluation (M&E) of CBVCT at individual service level requires the allocation of resources such as personnel time and logistic support which should be planned for. Help in preparing the data for submission can be requested from the coordinating organisation of the COBATEST Network.

For individual CBVCT services, incorporating CBVCT indicators into their M&E will provide internationally standardised information for improving their services and enable them to compare their performance over time and to other similar services. Individual CBVCT services may also use such M&E results for advocating for CBVCT services in addition to health care based HTC services and for providing evidence of their good performance and impact when seeking funding. Such standardised approach will also allow for comparability of CBVCT M&E data within the European HIV-COBATEST network, between CBVCT services in member states and at the international level.

The majority of necessary data items for the suggested CBVCT indicators can be collected at the CBVCT site through routine record keeping. For estimating the last two very important optional CBVCT indicators, additional information on clients who were diagnosed as HIV positive at CBVCT sites should be obtained from either healthcare services to which they were referred to or from the national HIV surveillance system. This will require involvement and cooperation of relevant local stakeholders and the use of a common unique identifier data. In negotiating access to such data, personal data protection issues should be considered carefully and, if necessary, a local medical ethical committee consent should be sought.

An example of a core CBVCT indicators data collection form is given in Appendix 1. This form was designed to be used by CBVCT services that will be members of the HIV-COBATEST network forsending the data to the HIV-COBATEST coordinator. The form can also be used to send the data to the national HIV/AIDS prevention, treatment and care programme to be used for the purpose national of M&E of CBVCT within the national HTC programme.

Annex 1. COBATEST Unique Identifier



The COBATEST unique identifier is alphabetical and numerical and based on the answers to five questions.

Gender: numerical (0 male, 1 female, 2 transgender).

Date of birth: numerical (DDMMYYYY)

Number of older brothers: numerical

Number of older sisters: numerical

Initial letter of mother's first name: alphabetical

Appendix 1

HIV TESTING DATA COLLECTION FORM

Funded by the

Name of the CBVCT site: _____

City of the CBVCT site: _____

Date of visit: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Testing site: ☐ CBVCT office ☐ Public venue (pharmacy, library, ...) ☐ Outdoors/Van ☐ Amusement venue (coffe, bar, ...) ☐ Sex work venue ☐ Needle exchange venue ☐ Sauna/sex venue ☐ Other:_____

User's unique identifier (used by the CBVCT service): _____

OR

User's unique identifier (COBATEST): ☐ Gender (0 male, 1 female, 2 trangender) ☐☐ Day ☐☐ Month of birth ☐☐☐☐ Year ☐ Nº of older brothers ☐ Nº of older sisters ☐ initial letter of mother's first name

Client's characterisitics data:

Gender: ☐ Male ☐ Female ☐ Transgender

Date of birth ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Foreign national: ☐ Yes → Country of birth: _____ → Year of arrival to this country: ☐☐☐☐ Year *(if migrant)*

☐ No

☐ Don't know

Is the client a: ☐ Resident ☐ Tourist

Municiapality or home town: _____

Reasons for HIV testing: (multiresponse)

☐ **Risk exposition**

- ☐ Unprotected vaginal sex
- ☐ Unprotected anal sex
- ☐ Unprotected oral sex
- ☐ Broken condom
- ☐ Unprotected sex with sex worker
- ☐ My partner has tested positive recently
- ☐ Episode of sharing injection material
- ☐ Other:_____

☐ **For control/screening**

- ☐ My partner asked to me
- ☐ Before dropping using condom with my partner
- ☐ I wish to have a baby
- ☐ Prenatal screening: before delivery
- ☐ Regular control
- ☐ Only to know my health status
- ☐ Other:_____

☐ **Window period in the last test**

☐ **Clinical symptoms**

☐ **Other:** _____

Reasons for come to this CBVCT service to be tested: (multiresponse)

☐ I've come here before ☐ A friend told me about this CBVCT ☐ I've seen this CBVCT in a pamphlet ☐ I've found this CBVCT in internet ☐ Other:_____

Previous HIV tests:

HIV test in the past? ☐ Yes ☐ No ☐ Don't know → Date of last test: ☐☐ Month ☐☐☐☐ Year; Result of last test: ☐ Positive ☐ Negative ☐ Don't know

HIV test in the last 12 months in this CBVCT facility? ☐ Yes ☐ No ☐ Don't know

Risk behaviour/factors:

Sex in the last 12 months with: ☐ men ☐ women ☐ women and men ☐ I haven't had sex ☐ Don't know

Condom use in the last sexual relation with penetration ? ☐ Yes ☐ No ☐ Don't know

Exchange of sex for drugs or money in the last 12 months? ☐ Yes ☐ No ☐ Don't know

STI diagnosed in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Ever in jail? ☐ Yes ☐ No ☐ Don't know

Unprotected sex with penetration in the last 12 months with:

- Sex workers: ☐ Yes ☐ No ☐ Don't know
- IDU: ☐ Yes ☐ No ☐ Don't know
- Known HIV positive partner: ☐ Yes ☐ No ☐ Don't know
- MSM: ☐ Yes ☐ No ☐ Don't know

Intravenous drug use? ☐ Yes ☐ No ☐ Don't know → Date of last time: ☐☐ Month ☐☐☐☐ Year

Share of materials of injection in the last 12 months, as:

- Syringes or needles? ☐ Yes ☐ No ☐ Don't know
- Spoons, filters, water, ...? ☐ Yes ☐ No ☐ Don't know

Pre-test counselling:

Pre-test/pre-result counselling performed? ☐ Yes ☐ No ☐ Don't know

Screening HIV test :

Date of specimen collection: Day Month Year

Type of test used: ☐ Blood rapid test ☐ Oral rapid test ☐ Conventional blood test (Elisa)

Screening test result: ☐ **Reactive** ☐ **Non reactive**

Did the client receive the screening HIV test result? ☐ Yes ☐ No ☐ Don't know → Date of receiving screening test result: Day Month Year

Post-test counselling:

Post-test HIV counselling performed? ☐ Yes ☐ No ☐ Don't know

Confirmatory HIV test:

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know → Date of specimen collection: Day Month Year

Confirmatory HIV test result: ☐ **Positive** ☐ **Negative** ☐ **Inconclusive**

Did the client receive the confirmatory HIV test result? ☐ Yes ☐ No ☐ Don't know → Date of receiving confirmatory test result: Day Month Year

Access to health system for those HIV positive:

Patient linked to healthcare system? ☐ Yes ☐ No ☐ Don't know → Date of linkage: : Day Month Year

First CD4 count result: ---------- → Date of the first CD4 count: Day Month Year

MODULE B

Syphilis test:

Previous syhpilis diagnosis? ☐ Yes ☐ No ☐ Don't know → Date of last syphilis diagnoses: Day Month Year

Syphilis test performed? ☐ Yes ☐ No ☐ Don't know → Date of specimen collection: Day Month Year

Type of test used: ☐ Rapid test ☐ Conventional test

Rapid test result: ☐ **Reactive** → Diagnosis test performed? ☐ Yes → Date of specimen collection: Day Month Year
☐ **Non reactive** ☐ No
☐ Don't know

Syphilis diagnosis: ☐ **Active infection** ☐ **Serological scar (old or cured infection)** ☐ **Not known**

HCV test:

Previous HCV diagnosis? ☐ Yes ☐ No ☐ Don't know → Date of last HCV diagnoses: Day Month Year

HCV test performed? ☐ Yes ☐ No ☐ Don't know → Date of specimen collection Day Month Year

Type of test used: ☐ Rapid oral test ☐ Rapid blood test ☐ Conventional test

Rapid test result: ☐ **Reactive** → HCV RNA test performed? ☐ Yes → Date of specimen collection: Day Month Year
☐ **Non reactive** ☐ No
☐ Don't know

HCV diagnosis: ☐ **Active infection** ☐ **Serological scar (old or cured infection)** ☐ **Not known**

Hepatitis A and B vaccination:

Vaccination for Hepatitis A (with all required dosis)? ☐ Yes ☐ No ☐ Don't know

Vaccination for Hepatitis B (with all required dosis)? ☐ Yes ☐ No ☐ Don't know

Comments: ----------