



# Assisted Partner Notification Training

*for Providers in Clinical Settings*

**PARTICIPANT MANUAL** **APRIL 2018**  
Version 1.2

These training materials were made possible by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) under the terms of cooperative agreement number 1 NU2GGH002022-01-00. Its contents are the sole responsibility of Uganda Ministry of Health, IDI, and NASTAD and do not necessarily represent the views of the U.S. Government.

### Recommended Citation:

*Assisted Partner Notification Training for Providers in Clinical Settings.*  
Kampala: Republic of Uganda Ministry of Health; 2018.

### Acknowledgment:

The Assisted Partner Notification Training for Providers in Clinical Settings was developed through the contributions and expertise of many individuals and institutions. for the Uganda Ministry of Health to support implementation of Assisted Partner Notification. We are grateful for their contributions.

The Ministry of Health wishes to acknowledge the following individuals and institutions for their invaluable contributions:

**AIDS Healthcare Foundation:** Martha Mbabazi

---

**Baylor Uganda:** Dr. George P. Akabwai

---

**Infectious Diseases Institute:** Nickson Ankunda, Florence Namimbi, Brenda Kalebbo, Milca Najjemba

---

**Jinja Hospital, Ministry of Health:** Milton Mwisaka

---

**Kampala Capital City Authority:** Dr. Sarah Zalwango

---

**Kiboga District Local Government:** Dr. Michael Musiitwa, Denis Kiwanuka

---

**Makerere University School of Public Health-METS:** Simon Walusimbi

---

**MildMay Uganda:** Betty Nakibuuka

---

**Ministry of Health:** Dr. John Matovu, Dr. Harriet Bitimwine, Dinnah Kwarisiima, Geoffrey Taasi, Teddy Chimulwa

---

**NASTAD:** Dr. Faridah Akuju, Anne Sites

---

**Rakai District Local Government:** Dr. Moses Saker, Kulusumu Namatovu

---

**Rakai Health Sciences Program:** Julius Arinaitwe, Ssemenda John

---

**USAID:** Carol Mugoda, Dr. Elizabeth Meassick

---

**USAID RHITES-EC:** Paul Odeke

---

The training was adapted from *Passport to Partner Services*, the US-based curriculum developed by CDC with the National Network of STD/HIV Prevention Training Centers (NNPTC). Passport to Partner Services courses are based on the *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection* (MMWR Recommendations and Reports, November 7, 2008/Vol. 57/no. RR-9).

# Foreword

HIV epidemic control relies on innovative and persistent application of proven interventions along the continuum of care and prevention. Often called a gateway to HIV services, HIV testing services seek to identify people with HIV through individual, couples, and family-based testing, link individuals and their families to HIV treatment and prevention services, and support scale-up of interventions targeted to reduce HIV transmission, morbidity and mortality.<sup>1</sup> Via HIV testing, newly diagnosed people with HIV are immediately linked to care, where they are started on antiretroviral therapy (ART), monitored to track viral suppression,<sup>2</sup> and once virally suppressed, the risk of transmission to others is effectively eliminated.<sup>3</sup>

Partner services, also called assisted partner notification (APN) is a longstanding cornerstone of public health control efforts where trained providers assist people with HIV to notify their sex partners of HIV exposure and offer HIV testing services. Recommended as part of a comprehensive prevention package,<sup>4</sup> Assisted Partner Notification was introduced in Uganda in 2015 where a pilot conducted in Kiboga Health District demonstrated that partners were effectively notified and tested for HIV, and among partners tested, 38% were HIV-positive.<sup>5</sup> Building on this success, the Uganda Ministry of Health is committed to rolling out Assisted Partner Notification nationwide, replicating implementation in other parts of the country going forward. Assisted Partner Notification training resources are needed to support this implementation.

This training manual for Assisted Partner Notification implementation was developed specifically for APN providers in clinical settings. The goal is to enable clinical providers to attain the skills required to provide Assisted Partner Notification to eligible clients in an effective and safe manner. The training provides information regarding the benefits of Assisted Partner Notification, procedures for delivering Assisted Partner Notification, and standards for documenting services. It also includes a set of job aids.

*Uganda Ministry of Health, March 9, 2018*

- 
- 1 World Health Organization. *Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach* – 2nd ed. Geneva: World Health Organization 2016.
  - 2 World Health Organization. *HIV Treatment and Care Treat All: Policy Adoption and Implementation status in Countries*. Geneva: World Health Organization; 2017.
  - 3 The Lancet HIV. U=U taking off in 2017. *Lancet* 2017; 4.
  - 4 World Health Organization. *Guidelines on HIV self-testing and partner notification: Supplement to consolidated guidelines on HIV testing services*. Geneva: World Health Organization; 2016.
  - 5 Unpublish data. Kiboga Health District, Uganda. 2017.





# Table of Contents

Introduction_____	1
Module 1_____	3
Module 2_____	5
Module 3_____	8
Module 4_____	13
Module 5_____	15
Module 6_____	17
Module 7_____	20
Module 8_____	26
Module 9_____	30
Appendices A–H _____	33





# Introduction

## Training Overview<sup>6</sup>

### Training Goals and Development

The goal of the *Assisted Partner Notification Training for Clinical Providers* is to equip HIV care providers with the knowledge and skills necessary to provide high quality Assisted Partner Notification services to eligible patients to decrease transmission of HIV.

This training was developed through a participatory process combining the expertise of clinical providers who deliver HIV prevention and treatment services in Uganda with the practical experiences of US state health department partner services providers and existing US-based partner services training resources. Training tools include a facilitator manual, participant manual, job aids, monitoring and evaluation tools, and a comprehensive slide set with essential content, visuals, and talking points.

### Competencies and Content Areas

The core competencies health providers will develop during the training are:

- Identify eligible clients for Assisted Partner Notification.
- Interview and counsel index clients to assure linkage to HIV care and treatment.
- Sensitive elicit sexual partners of index clients.
- Perform investigation to locate and notify partners of their exposure to HIV.
- Facilitate HIV testing of partners exposed and treatment of partners testing positive.

This is a classroom-based training. Content areas are:

- Key Concepts of HIV
- Introduction to Assisted Partner Notification
- Procedures for Assisted Partner Notification
- Confidentiality and Data Security
- Communication Techniques
- Counseling
- Interviewing
- Partner Notification

---

<sup>6</sup> Adapted from *Pre-Exposure Prophylaxis (PrEP) Training for Providers in Clinical Settings*. New York: ICAP at Columbia University; 2016.

The target population for this training is providers with existing knowledge and experience in HIV prevention, care, and treatment, including:

- Physicians
- Medical officers
- Clinical officers
- Nurses
- Nurse midwives
- Prevention and treatment counselors

## **Participant Manual**

The participant manual is divided into nine modules, each containing the learning objectives, all content to be delivered (from the slides), scenarios, role-plays, and pair or small group activity instructions. Participants will use the manuals throughout the training. Participants should take home their manuals after the training's end so it can be used as a reference.



## MODULE 1

# HIV Testing Services Update

### OBJECTIVES

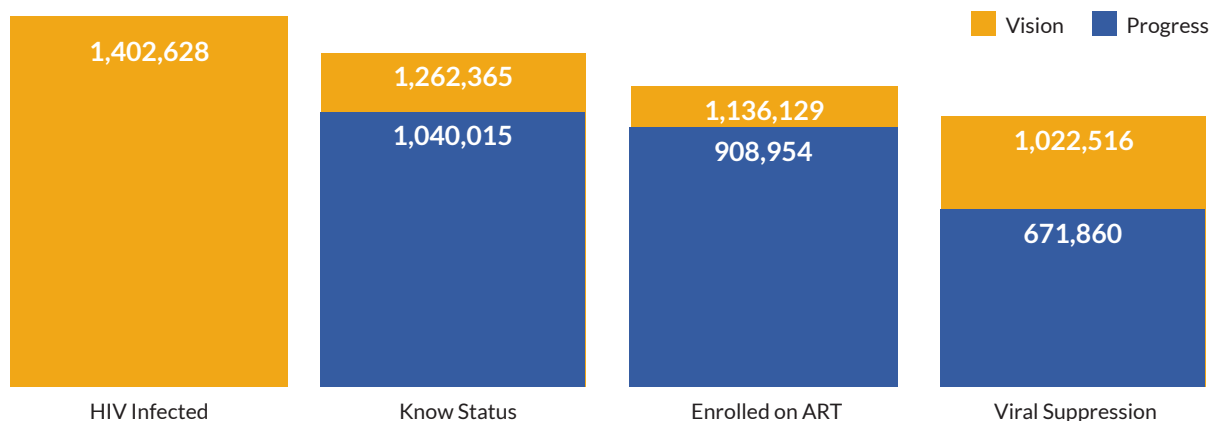
After completing Module 1, you will be able to:

- Understand the global goal of fast tracking ending AIDS by 2030, Zero New Infections, HIV related deaths, zero discrimination, and the UNAIDS 90-90-90 treatment targets
- Understand the approaches that Uganda has adopted to achieve the above UNAIDS vision and mission

### Introduction to the UNAIDS Global Vision and mission

Uganda adopted the Global UNAIDS vision of Fast tracking ending AIDS by 2030; this includes Zero New Infections, HIV related deaths and Zero discrimination. Uganda also adopted the UNAIDS 90-90-90 treatment targets i.e. By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

#### Current Uganda progress against the vision and mission



#### Uganda Population-based HIV Impact Assessment, 2016-2017: Key Results

The 2016-2017 Uganda Population-based HIV Impact Assessment indicated that 6% of adults aged 15-49 years in Uganda are living with HIV. The HIV prevalence among adults in Uganda is 0.5%, while among children aged 5 - 14 years, the prevalence is also 0.5%. The total number of adults and children of all ages living with HIV in Uganda is estimated to be 1.3 million. Adult HIV prevalence was higher among women at 7.5%, compared to 4.3% among men. HIV prevalence was also higher among residents of urban areas at 7.1%, compared to 5.5% among residents in rural areas.

The magnitude of HIV varies considerably among the ten geographic regions included in UPHIA, from a low of 2.8% in West-Nile to 7.7% in South Western region. Mid-Eastern showed the lowest magnitude of HIV, and Central-1 had the highest estimated HIV prevalence, consistent with estimates published in 2011.

Looking at HIV prevalence by age, adult HIV prevalence is lowest among adults aged 15-19 years. Among men, HIV prevalence is highest among men aged 45--49, at 14.0%. Among women, HIV prevalence is highest among women aged 35--39 years and 45--49 years, at 12.9% and 12.8%, respectively.

### **National HIV Testing Services (HTS) priorities**

---

The following priorities are identified for HIV case identification:

- Find men, test and timely link them to care and treatment
- Map and segment men's groups and use appropriate strategies to reach and test men
- Test all eligible partners of HIV-positive women
- Test all eligible men age 20 years and above who present at out-patient clinics (OPD)
- Continue to target HTS to key populations and priority populations (KP/PP) in hot spots
- Expand index client testing to reach all sexual networks (not just spouses or steady partners) of individual newly diagnosed with HIV
- Test individuals (both children and adults) presenting at all critical service delivery points, including; In-patient, tuberculosis (TB), sexually transmitted infections (STI), pediatric wards, malnutrition sites, YCC, orphans and vulnerable children (OVCs)
- Test individuals presenting at OPD with screening for HIV test eligibility for both adults and children
- Work closely with community structures to mobilize KP/PP for HIV testing

### **HIV testing priorities emphasize the importance of correct results**

---

- Re-test for verification prior to ART all individuals diagnosed with HIV; document re-testing for linkage and re-testing for verification register
- Use a new HTC Register to capture re-testing for verification. This register should be used for ONLY verification testing and should clearly be labeled "Re-testing for Verification Register"
- Data in the Verification Register should not be used for the monthly report
- Ensure all HIV testers at the sites are enrolled to participate in EQA through proficiency testing

### **Linkage of HIV-positive individuals is essential**

---

- Link all individuals with a verified HIV-positive test to HIV care and treatment on the same day of verification testing
- Document all linkage using the Ministry of Health (MoH) Linkage form
- Document reasons for non-linkage into care/treatment.
- Work closely with community initiatives to facilitate linkage across facilities and from the community to the facility



## MODULE 2

# Introduction to Assisted Partner Notification

### OBJECTIVES

After completing Module 2, you will be able to:

- Describe goals, key elements, and principles of Assisted Partner Notification
- Understand the strategies used for Assisted Partner Notification notification and the role of providers
- Explain the key benefits and concerns related to Assisted Partner Notification, and how to increase their acceptability

### Assisted Partner Notification

Assisted Partner Notification are a broad array of services that are offered to persons with HIV infection, syphilis, gonorrhea, or chlamydia infection, and to their partners.

- Index Client: In Uganda, this is defined as “Person aged 15 years or above, newly diagnosed with HIV or who is enrolled in HIV treatment services with identified risk”
- Partner: Persons with whom index client has had sex at least once

### Why offer Assisted Partner Notification?

- Assisted Partner Notification are used to identify infected persons, which can result in positive behavior change and reduced infectiousness among infected persons.
- Assisted Partner Notification will notify partners of their possible exposure which will decrease transmission of HIV and reduce incidence of HIV, which will improve the health of the public.
- Assisted Partner Notification also provides prevention, treatment, and social support services to infected persons and their partners, which also can lead to the prophylactic treatment of those exposed, thereby preventing future infections.

## Key Principles of Assisted Partner Notification

The key principles to Assisted Partner Notification that guide the delivery of services include:



- **Voluntary:** Assisted Partner Notification is never coercive or mandatory and always relies on the willing participation of HIV-infected persons and their partners. Providers should encourage patient participation by fostering rapport and an atmosphere of trust and mutual respect. All service recipients should be informed of the benefits and risks that may result from participating in Assisted Partner Notification.
- **Confidential:** All information (both print and electronic) regarding Index Clients and their partners should be kept strictly confidential and not accessible or disclosed to anyone other than those who are authorized to have access (PS providers and their supervisors). Strict adherence to confidentiality should be followed during attempts to contact the patient, initial interview, notification of partners and subsequent contacts and re-interviews. During attempts to locate and schedule an interview with a patient, the PS provider should not disclose to anyone other than the patient the reason for locating the patient. The HIV status or any other potential HIV-identifying information is discussed with only the patient and authorized public health staff.
- **Patient centered:** All communication with patients should be centered on the needs of the patient rather than the needs or priorities of the Assisted Partner Notification staff. All steps of the Assisted Partner Notification process should be tailored to the behaviors, circumstances, and specific needs of each patient.
- **Comprehensive and integrative:** Assisted Partner Notification staff are a part and parcel of health services that are integrated to the greatest extent possible for persons with HIV infection or other STDs and their partners.
- **Available to all patients:** Assisted Partner Notification staff should be available for persons who test HIV positive. All individuals who test positive should be informed of the option of obtaining Assisted Partner Notification without disclosing their identity or having their HIV test result disclosed. If the patient decides to participate in Assisted Partner Notification, the HIV counseling and testing provider trained on Assisted Partner Notification can provide services at a place and time convenient to the patient. Partners of a person with HIV are notified of their HIV risk and are informed of anonymous and confidential testing options.

## Benefits of Assisted Partner Notification

When providing Assisted Partner Notification, we work hard to maintain a delicate balance between the benefits of Assisted Partner Notification to stop the spread of diseases with an index client's concerns about participating.

You must balance:

- The need to provide Assisted Partner Notification in order to stop the spread of disease and
- The index client's right to choose whether or not to participate.

As APN providers, you have an important job of explaining to the index client the benefits of Assisted Partner Notification. Assisted Partner Notification is well established as an evidence-based intervention that works.

Through Assisted Partner Notification, we

- Maximize the proportion of partners who are notified of their exposure.
- Effectively link clients and partners to HIV testing, treatment, prevention and other services.
- Reduce transmission through early diagnosis, treatment and provision of prevention services to those infected.



## MODULE 3

# Procedures for Assisted Partner Notification

### OBJECTIVES

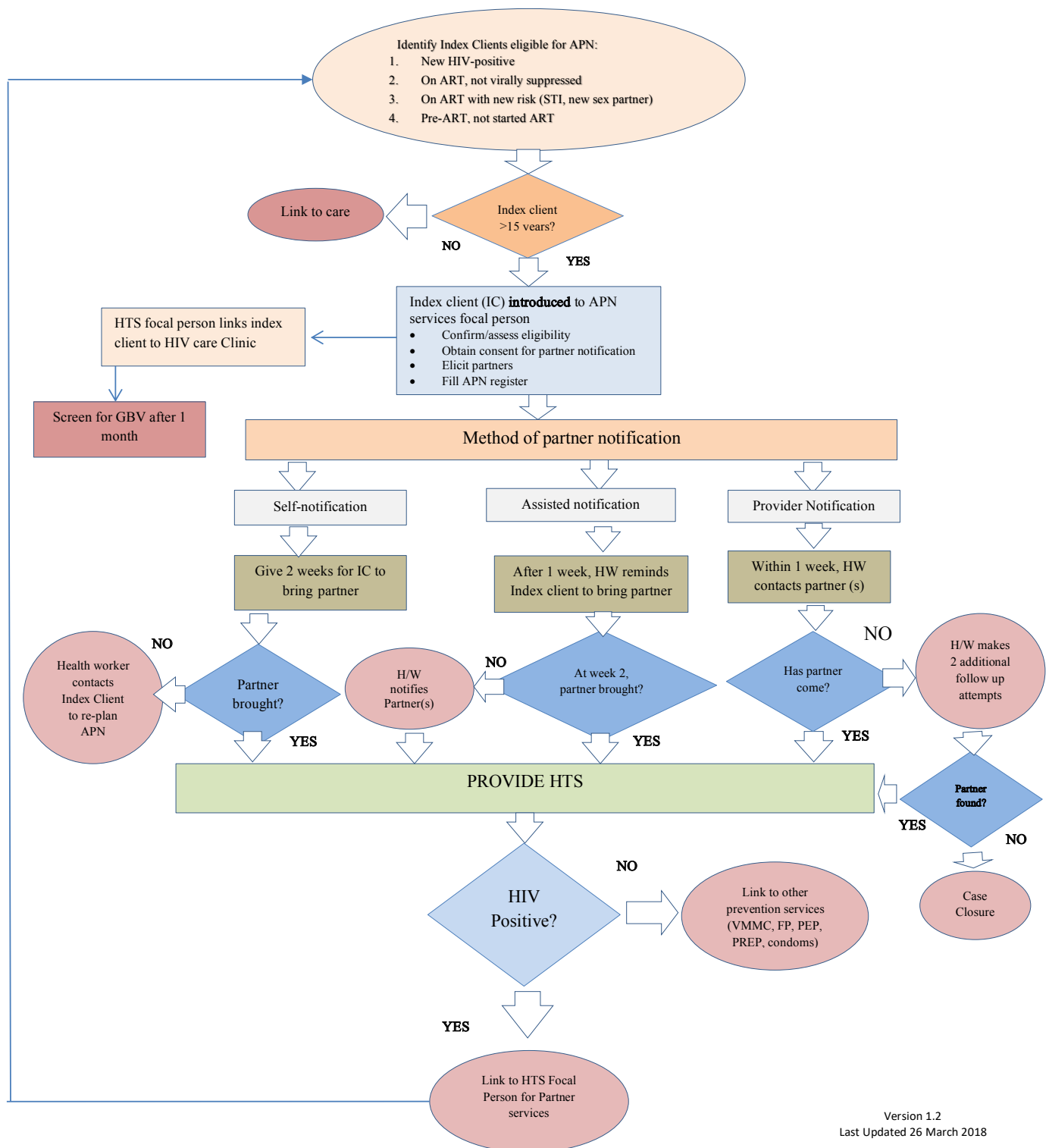
After completing Module 3, you will be able to:

- Provide an overview of the procedures for conducting Assisted Partner Notification
- Understand standard for delivering Assisted Partner Notification across health facilities and among clinical providers

### Flow Chart for HIV Assisted Partner Notification

As with any process, it is helpful to have a standard flow by which to conduct the work. The Flow Chart for HIV Assisted Partner Notification provides a visual representation of the steps for providing Assisted Partner Notification.

## Flow Chart for HIV Assisted Partner Notification



Version 1.2  
Last Updated 26 March 2018

## Index Client Eligibility

The first step of the process is to identify HIV patients prioritized as eligible for Assisted Partner Notification. Patients prioritized for Assisted Partner Notification include:

- Newly identified HIV-positive patients
- Known HIV-positive patients who are
  - On ART not Virally suppressed
  - On ART with new risk including STI or new sexual partner
  - Identified as Pre-ART (not on ART)

HIV patients eligible for Assisted Partner Notification may be found through HIV testing and counseling, at the antenatal clinic through PMTCT, or through Provider Initiated Counseling and Testing (PICT). Newly identified HIV patients are referred to as “Index Clients,” and we must confirm that they are 15 years of age or older.

## Consent for Assisted Partner Notification

Once an index client is identified as eligible for Assisted Partner Notification, the client is introduced to the HIV testing services (HTS) focal person for APN, who will inform the index client of the purpose and benefits of Assisted Partner Notification and ask for their consent.

The Consent Form for Assisted Partner Notification should be read and explained to the Index Client, explaining the benefits and risk of Assisted Partner Notification, and asking the Client to consent to participate. Clients may refuse Assisted Partner Notification at any time.

Consenting clients should sign the form to indicate their consent, and then the form should be securely stored among other confidential Assisted Partner Notification documents.

## Elicit Partners and Plan Notification

Following consent, the HIV testing services (HTS) focal person will interview the Index Client to elicit partners, where the Client is asked about their sex partners from the past 12 months. The APN focal point is encouraged to solicit as many sexual partners as possible from the index client. Encourage the index client to name partners beyond 12 months to 24 months, especially in cases where the index client does not name more than one partner in the past 12 months.

Use the Assisted Partner Notification Talking Points to guide this conversation. It is important to explain the importance of getting partners tested for HIV and the benefits of Assisted Partner Notification. In addition to the talking points, APN providers should reference appropriate standard operating procedures while eliciting partners.

For each named partner, the Index Client is asked to plan the notification method they prefer. There are three options for Partner Notification: Self-notification, Provider Notification, and Assisted Notification.

### JOB AID: Options for Partner Notification



**Self-Notification** = You tell your partner about HIV infection and encourage him or her to come to the health facility for HIV testing



**Provider Notification** = Assisted Partner Notification focal point will call or visit your partner and inform them that they need HIV testing



**Assisted Notification** = You and focal point will work together to notify your partner. You will have 2 weeks to tell your partner. After which, the Assisted Partner Notification focal point will notify the partner.



## Coaching on Self Notification

Index Clients that chose to self-notify their partners should be coached on the process. APN providers can assist the client to think through how to notify his/per partners about their exposure to HIV. Coaching increases the likelihood that Index Clients will be successful in doing the self-notification.

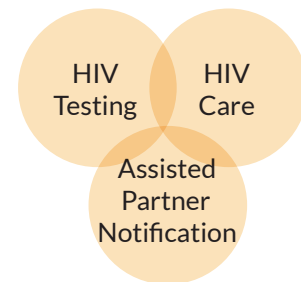
Introduce coaching by first informing the client that its urgent that they notify their partners as soon as possible. Partner may already be incubating HIV or have HIV and be transmitting it to others. Notification cannot be delayed. Also inform the client that when they self-notify they are giving up their anonymity. Partners will know the identity of the client and have no obligation to keep that information confidential.

Walk through each of the following steps with the Client and ask the client to say out loud and practice how they will do the notification.

- **Who?** Which partners will the client notify?
- **What?** Ask the client to think about how to bring up the topic in the first place. “I have something really important to talk with you about.”
- **When?** When will the client talk with his/her partner? As soon as possible and at a time when it won't be rushed.
- **Where?** Ask where the client will talk to the partner. There should be privacy.
- **How?** Ask the client to think about exactly what he/she will say about HIV to the partner. “I just returned from the clinic and it turns out I have HIV.”

## Link to HIV Care

Assisted Partner Notification is an important part of HIV services provided to the Index Client. As patients are newly identified as HIV positive, they are referred for Assisted Partner Notification. Immediately after Assisted Partner Notification are provided, link the Index Client to HIV Care so they can be started on treatment and provided care support services.



## Document Interview

Following the index client interview, document the results. The Assisted Partner Notification Register is used to document the interview.

## Notify Partners

Using the partner notification plan agreed upon with the index client, you will prepare to notify partners selected for provider notification and assisted notification (after 2 weeks have lapsed). When notifying partners, follow these steps:

1. First, confirm identify partner by asking the partner to state their date of birth (month/year) and assure that the partner is in a private setting
2. Second, notify of exposure, process reaction, answer questions
3. Immediately after notification, provide HIV testing
4. Then, refer to support services; counsel on behavior change and risk reduction
5. HIV+ partners are then linked to HIV care and referred for Assisted Partner Notification
6. Finally, the APN provider follows up to confirm HIV testing; and closes case

The Script for Partner Notification is available to guide your talking points with the partner.

As you begin working with partners and are new to providing notification, the script will be very useful. After some time, you will likely develop your own script and ways of talking with partners to help convey the importance of HIV testing.

## Document Partner Notification

Documenting the results of the notification of the partner is important – without documentation we do not know if the work is complete. The Assisted Partner Notification Register is used to document the notification.

It is good practice to routinely update the Assisted Partner Notification Register to document attempts to reach partners, outcomes of notification, and HIV testing results.

## Closing Case Investigations

A case should be closed when one or more of the following conditions are met:

1. Index Client located, interviewed, and at least one partner elicited and interviewed
2. Index Client located, interviewed, and partners located, but refused to meet and be interviewed
3. Index Client located and refused APN
4. Index Client determined to live in another district or country
5. All attempts to identify or locate partners have been unsuccessful
6. Other, specified reason should be noted

## MODULE 4

# Confidentiality and Data Security

### OBJECTIVES

After completing Module 4, you will be able to:

- Define confidentiality
- Describe the guiding principles of confidentiality
- Describe what constitutes a breach in confidentiality
- Understand data security and confidentiality best practices

### Definition of Confidentiality

Related to Assisted Partner Notification, confidentiality is defined in the following ways:

- Information obtained from or about index clients and partners is kept in confidence.
- Information is not divulged to others, or obtained or maintained in a way that makes it accessible to others.

Confidentiality goes further than not revealing a person's name.

- Efforts to contact and communicate with index clients, partners and those at risk should preserve the privacy of all concerned
- No information should be shared with unauthorized persons who could identify the client

### Guiding Principles of Confidentiality

The following principles guide our actions to protect confidentiality while providing Assisted Partner Notification.

- As APN providers, we must assure a physical environment that is secure, meaning all Assisted Partner Notification information and data contained on forms and in registers, are maintained in a physically secure way – locked, kept covered, and not out in the open.
- APN providers are often responsible for entering Assisted Partner Notification data into a computer or other electronic devices. Maintaining electronic devices in a secure manner is an important consideration. Limit access to devices using a secure password and make sure the device locks itself when not in use.
- APN providers have a critical responsibility to maintain confidentiality of the Assisted Partner Notification information collected, including the Index Patient consent forms, registers, and notes on index client and partner interviews and meetings. Keep these documents in a secure manner and follow data security and confidentiality practices of your health facility.



## Breaches in Confidentiality

Breaches in confidentiality may happen.

If you suspect a breach in confidentiality and data security, it is important to report this immediately to your supervisor. It is the supervisor's responsibility to investigate security breaches thoroughly to identify improvements needed to prevent future breaches, and to also determine any sanction needed if a breach was intentional.

Assisted Partner Notification data are protected link other personal health information contained in the client's medical record. Protect client and partner's health information like you would any other person's health information.

Data security practices and written policies should guide the protection of confidential Assisted Partner Notification information. Administrators should assure practices and policies are reviewed and accessed for continuous improvement regularly – and at least annually.

## Confidentiality Best Practices

- Communicate in private settings
- Transport APN forms in the field safely so that they are not lost or stolen
- Do not show forms or information collected to unauthorized persons
- Do not leave verbal messages that include HIV information
- Do not leave written or electronic messages that include HIV information
- Do not give confidential information to third parties

## MODULE 5

# Communication Techniques

### OBJECTIVES

After completing Module 5, you will be able to:

- Define effective communication
- Describe essential skills for effective communication
- Understand barriers to effective communication

### Introduction

Effective interviews with index clients and partners requires effective communication skills.

Communication between individuals is a complex process, comprised of many components.

Good communication depends on both people providing

- Appropriate non-verbal messages
- Appropriate verbal messages, and
- Effective listening

### Essential Communication Skills

APN providers need a range of skills to effectively communicate with a variety of people at many different levels. Here are four communication skills necessary for effective interviewing:

#### 1. Establish Rapport

- Display respect, empathy, and sincerity
- Introduce yourself, be polite, and seek out and help to address the client's concerns

#### 2. Active listening (SOLER approach)

- S- sit/stand near
- O- open posture
- L- lean forward
- E- eye contact
- R- relax

#### 3. Use Open-Ended Questions

- Open-ended questions start with words like, "Who? What? When? Where? How?"
- They cannot be answered with a Yes or a No, results in you obtaining more information from the client.



## 4. Ask for Feedback

- How do we know if the information provided is understood?
- Ask the client for feedback!

## 5. Offer Options, Not Directives

- We offer helpful options while working with clients.
- The client's choices must be honored.

**Barriers to Communication**

There are many things that can get in the way of effective communication, that create a barrier to communication. Six barriers that are especially relevant to Assisted Partner Notification are:

1. **Jargon:** Refers to terms that are known and used by people who work in a specific field, but these terms may not be known by people outside of APN providers. Using jargon can cause your client to feel like an outsider and confused.
2. **Moralizing/Judging:** Can hamper communication when you say something that suggests to the client that you think his or her behavior is wrong, or when you tell the client what he or she should do. Sometimes, even the tone of voice can imply judgement.
3. **Sexual Bias:** We must not make assumptions regarding the patient's sexuality. Sexual bias occurs whenever you have a bias in favor of any particular type of sex, sexuality or relationship.
4. **Cultural Bias:** Occurs when you assume that your own ethnic culture, customs, and established ways are better than other cultures, or when you assume that everyone lives by your culture's standards and customs.
5. **Interrupting:** Interrupting is another barrier to communication. It occurs when you cut the client off while s/he is talking.
6. **Destructive environment:** When there is noise or lots of movement in the environment, communication barriers can occur. A destructive environment can also result in compromising confidentiality.

**Sexual Identity & Behavior**

As APN providers, we need to understand a client's sexual identity and behavior. When we understand the client's sexual identity and behaviors, we can shape the conversation, to ask questions and determine how best to help the client.

With an understanding of sexual identity and behavior we can

- Develop questions about their partners
- Understand how and when the client became infected
- Identify "Hot Spots" for transmission, such as bars or night clubs frequented by the client
- Understand their risk level

It is important to bear in mind the four concepts when talking about sex with clients and their partners:

- Confidentiality
- Rapport building
- Getting the information you need
- Having an understanding of the client's perspective

One of the major concepts we learn through this training is increased capacity to talk about sex. Part of your work as a APN provider involves asking very detailed questions about sex. Practices asking about sex and talking about sexual behaviors now will help later when you are talking with your clients.

When asking about sex, it is important to use the same language or slang as your clients. This increases rapport and is especially important when working with clients from different social groups, such as adolescents and young adults.

## MODULE 6

# Counseling

### OBJECTIVES

After completing Module 6, you will be able to:

- Describe key counseling techniques that may be useful while providing Assisted Partner Notification
- Understand the stages of behavior change and counseling techniques to support index clients and partners to change behavior

### Introduction

Counseling is defined as professional guidance on resolving personal conflicts and emotional problems. Counseling also includes helping a person improve their attitude, behavior, or character.

As health professionals we are often in the role of providing clients guidance.

HIV-positive clients, and their partners who are at high risk of infection, are in the position to benefit from counseling. However, when approaching counseling clients and partners, it's important to keep the focus on the client/partner's unique needs and circumstances.

There are various counseling approaches that are documented through research and are found to be effective.

HIV counselors practice a large range of counseling techniques, and likely use many approaches at once, adapting to the client's needs and circumstances. It's important to remember no one method is superior.

### Counseling Best Practices



Consider these counseling best practices when working with clients and partners as a APN Provider:

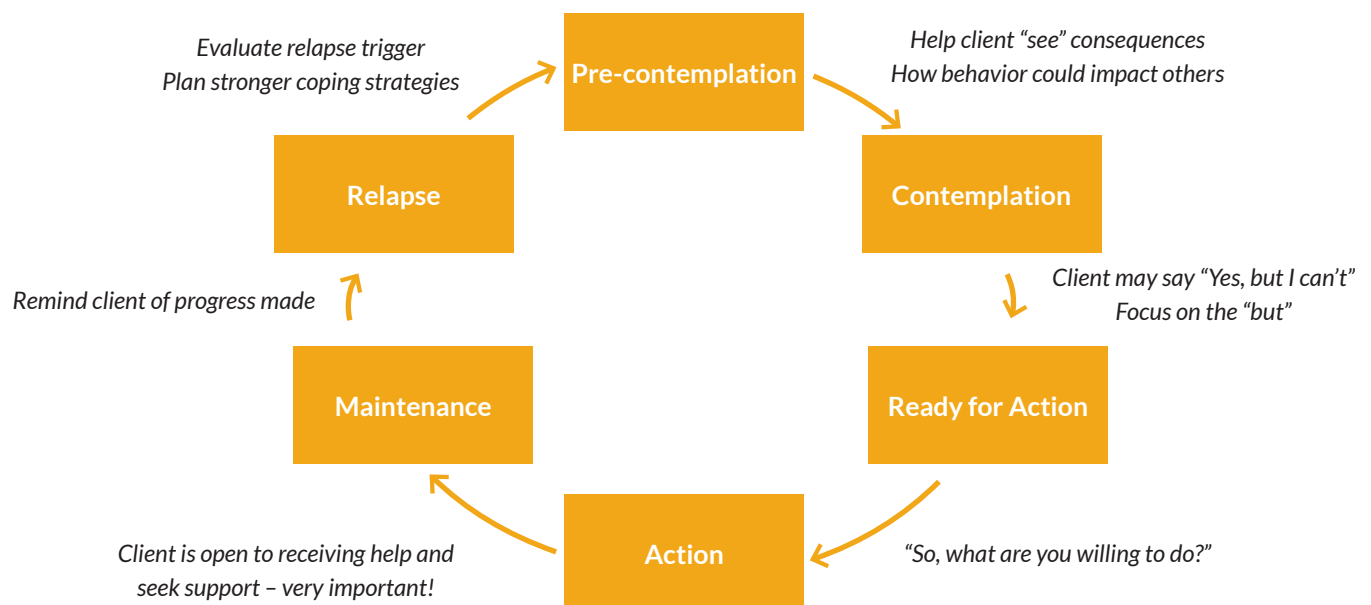
1. Ensure the client and partner have information and education to support their HIV risk reduction
2. Adapt the client and partner risk assessment to their individual circumstances and needs
3. Ensure the client and partner understand their test results and HIV status
4. Provide the client and partner information and referrals that support their health needs
5. Part of the counseling should focus on working with the client to facilitate their understanding and need to notify partners of the exposure

## Transtheoretical Model

One health behavior model, called the Transtheoretical Model, looks at counseling and behavior change as a staged process, and supports the notion that clients are moving through stages of behavior change.

As counselors, we help the patient assess their “readiness to change” their behavior, provide guidance on changing their behavior, and reinforce and support their intent.

There are six stages and they are viewed as a cycle:





## Counseling Reminders

- Behavior change is process that occurs in steps over time
- Clients are at different readiness to change at any given time
- There are no standard messages, each client has unique circumstances
- Counseling needs to match client's readiness to change
- Relapse can happen at any time and is a normal part of the process of change
- Match approach to client's stage
- Approaches that move ahead of client's readiness results in resistance and are not helpful to client

## Couples Counseling

According to the Uganda Ministry of Health “*Couples HIV Counseling and Testing*” slide set, Couples counseling is where two individuals who have had or intend to have sexual relations are counseled together.

Counseling and testing couples together offers them the opportunity to have a shared vision of HIV in their lives.

During couples counseling clients learn each other's HIV status, and disclosure of their status to one another is immediate. Counseling messages are based on the results of both clients and can be tailored to positive concordant, negative concordant, and discordant couples

Counselors should create a safe environment for couple to talk through difficult issues. Counselors can walk through treatment and care options for the couple so decisions can be made together.

During post-test counseling, provide results to the couple. To review terms:

- Concordant positive is when both clients are HIV-positive
- Concordant negative is when both clients are HIV-negative
- Discordant is when one client is HIV-positive and other is HIV-negative

Also during post-test counseling:

- Discuss with the couple coping strategies and how they will provide mutual support
- Discuss with the couple the need for positive living and HIV care & treatment
- Counsel the couple on risk reduction, including reducing multiple concurrent sex partners if appropriate
- Counsel the couple on family planning and use of condoms

HIV-positive patients are always interviewed individually. This means that one or both individuals found to be HIV-positive during couples counseling meet with the APN provider separately following post-test counseling. The APN provider should explain the need to meet separately without mentioning Assisted Partner Notification services.”

## MODULE 7

# Interviewing

### OBJECTIVES

The key objectives of index client interviews are

- Preventing the development of disease in exposed partners by ensuring rapid examination and by administering prompt treatment
- Ensuring testing and treatment of persons who are infected, thus reducing transmission
- Assist clients to reduce their current behaviors that may increase their risk of HIV infection
- Identify key populations and locations where intensified targeted efforts would be useful

### Introduction

The key objectives of interviews are:

- Preventing the development of disease in exposed partners by ensuring rapid examination and by administering prompt treatment
- Ensuring testing and treatment of persons who are infected, thus reducing transmission
- Assist clients to reduce their current behaviors that may increase their risk of HIV infection
- Identify key populations and locations where intensified targeted efforts would be useful

There are two types of interviews

#### Eligible Index Clients Interview

---

- First interview with index client
- Ensure understanding of STI and HIV
- Increase likelihood that all partners are notified

#### Re-Interview

---

- Follows the first interview
- Gather locating information about partners
- Monitor status of partners
- Elicit additional partners
- Verify treatment

## Prioritization of Index Clients

In Uganda, the following patients are eligible receive Partner Services:

1. Persons with newly diagnosed HIV infection
2. Previously known HIV-positive persons with risk identified, including
  - Newly identified HIV-positive patients
  - Known HIV-positive patients who are
    - On ART not Virally suppressed
    - On ART with new risk including STI or new sexual partner
    - Identified as Pre-ART (not on ART)

## Index Client Interview Format

I. INTRODUCTION
a. Introduce yourself b. Confirm identity c. State purpose/role d. Ensure confidentiality e. Obtain client consent
II. CLIENT ASSESSMENT
a. Understand of HIV status b. Client Concerns c. HIV Knowledge d. Social History e. Medical History
III. APN INTERVENTION
a. Partner Elicitation b. Partner Notification Plan c. Risk Reduction
IV. CONCLUSION
a. Reinforce shared confidentiality

### I. Introduction

The Introduction has five parts.

1. Name and Role: Tell the client your name and role in your work and in APN. As an example: My name is Jackie and I work with Kisu Health Center as APN Counselor.
2. Confirm identity: “Before I go on, please tell me your name and birth date so I’m sure I’m taking to the correct person.”
3. State the purpose: “I’m here to discuss with you more about your HIV status and respond to any questions or concerns. We will also identify your sexual partners and social contacts to make sure they can get tested for HIV.”

4. Ensure confidentiality: Explain that the information shared is confidential and private. The information will not be shared with anyone who is not involved in the patient's care and disease management, including family, friends, or partners. **Confidentiality should be emphasized and defined at the onset of each interview.** "I also want you to know that everything that we talk about is confidential and private. By confidential, I mean that anything we discuss today will not be shared with anyone who is not involved in your medical treatment."
5. Obtain client consent for APN: "I would like to now seek your consent for Assisted Partner Notification services. You are free to say no and you will not be reprimanded for it. Are you ready to enroll in the service?"

## II. Client Assessment

---

The client assessment section has five parts:

1. Understanding of HIV Status
  - Ask "What does being HIV-positive mean to you?"
2. Client concerns
  - Ask "What concerns do you have?"
  - Share with the client "What we're going to talk about is very important and will prevent spreading HIV. I'm going to be asking you personal and sexual questions, the same questions I ask of everyone. If at any time you feel uncomfortable, please let me know."
3. HIV Knowledge
  - Ask "What have you heard about HIV?"
  - Share with the client: How HIV is spread, importance of treatment, how others may be infected with HIV and do not know.
4. Social history
  - Ask for the client's date of birth, age, marital status, pregnancy status, occupation, occupation, history of imprisonment and their sexual behaviors.
5. Medical history
  - Ask about the client's HIV symptoms, how long they have had symptoms.

## III. Disease Intervention

---

This section has three parts:

1. Partner Elicitation
  - Obtain partners' name and contact information
  - Determine the notification plan
    - i. Take time to educate the client about the notification options, and assist the client to decide.
    - ii. The client may choose different referral (or notification) strategies for different partners.

## Options for Partner Notification



**Self-Notification** = You tell your partner about HIV infection and encourage him or her to come to the health facility for HIV testing



**Provider Notification** = Assisted Partner Notification focal point will call or visit your partner and inform them that they need HIV testing



**Assisted Notification** = You and focal point will work together to notify your partner. You will have 2 weeks to tell your partner. After which, the Assisted Partner Notification focal point will notify the partner.

- Ask about risk of gender-based violence (GBV)
    - i. Ask 3 screening questions to assess GBV:
      - Has [partner's name] ever hit, kicked, or slapped to physically hurt you?
      - Has [partner's name] ever threatened to hurt you?
      - Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable?
    - ii. If index client answers "yes" to any one question, it may not be appropriate to notify this partner, unless the client's safety can be assured.
  - Provide coaching for self-notification
    - i. Who? What? When? Where? How?
2. Risk Reduction
- Provide risk reduction messages that are relevant to the client. Discuss the client's specific HIV concerns based on social and medical history.
    - i. Emphasize that condoms must always be used with HIV-negative partners to prevent spread of infection
    - ii. Explore skills and ask the client to plan ways he/she will reduce risk, such as open communication and commitment to protect partners from HIV

## IV. Conclusion

1. Close the interview by
  - Asking the index client for any last questions or concerns
  - Re-stating the client's commitments, especially self-notification and assisted notification
  - Setting up Re-interview date if indicated
  - Reinforcing and reminding the client to protect confidentiality, and finally
  - Thanking the client
2. Convey confidence that the client can complete the plan and protect others from HIV
3. Provide needed referrals for other support and health services like STIs, family planning, prenatal care, and social support

## Post Interview Analysis

Analyze information obtained during interview immediately after the interview when information is fresh. This will likely involve completing documentation, and filling in forms based on notes taken during the interview.

Identify any gaps in the information shared and note any follow up needed with the index client.

Document information to develop Disease Intervention Plan

- Use the Assisted Partner Notification Register to document information on the index client and partners
- Conduct a search using the clinic's health records to gather more information about named partners – are any known HIV+? On ART? If yes, we can contact them and interview them as new index clients.
- Prioritize partners for notification based on information related to the partners relationship to the client and their relationship status – both provide an indication of recent exposure and/or risk of continued spread. More recently exposed partners and/or partners who may be at high risk of spreading HIV (e.g. casual partners) may be prioritized for notification.

## Re-Interview

The purpose of the re-interview is to

- Follow up on self or assisted notification
- Clear up missing or conflicting information
- Ask again about partners, particularly if named partners are HIV-negative

Contact the index client to perform the re-interview within 1-2 weeks of the first interview.

The re-interview follows the same format as the first interview, however some sections – like client assessment – may include only a brief review to check-in with the index client. It's likely the re-interview will focus on the APN intervention section.

Document the results of the re-interview in the Assisted Partner Notification Register, updating the index client's record with any new information.

## Interview Scenarios for Role Play

The purpose of the Interview Role Play is to practice skills in interviewing. During the role play, one participant is designated as the APN provider and the other will role play as the index client.

- The APN provider will practice using communication and counseling skills and the interview procedure to obtain information about the Index Client.
- The Index Client will act in the role as described in the scenario. All clients were referred to Assisted Partner Notification are new HIV-positives.
- All clients in the scenarios referred to APN services were newly identified HIV-positive patients.”

Participants are expected to work through the role play keeping in character without preparation. Participants are encouraged to practice techniques and expand on the scenario to promote learning.

### Scenarios

---

1. Woman aged 19, university student recently relocated to Kampala from Jinja
2. Woman aged 24, recently married, spouse often not home at night and has started being violent
3. Woman aged 16, came to city to help family, works at nightclub, sometimes has sex for money
4. Woman aged 32, pregnant with 3 children at home, no spouse
5. Woman aged 20, pregnant with first child
6. Woman aged 28, tested through STI clinic
7. Woman aged 37, tested through Assisted Partner Notification (was partner to another index client)
8. Man aged 17, works as Boda Boda motorcycle driver
9. Man aged 20, university student, uses drugs
10. Man aged 48, first time testing positive, has spouse and several other regular sex partners
11. Man aged 24, likes men and works as sex worker on side
12. Man aged 31, recently married, had multiple sex partners before married
13. Man aged 45, no employed, came to Kampala for work
14. Man aged 26, works as truck driver
15. Man aged 40, married, works as office professional, has children two other women

## MODULE 8

# Partner Notification

### OBJECTIVES

After completing Module 8, you will be able to:

- Describe the steps to prepare and conduct Partner Notification
- Identify options for partners to receive HIV testing services
- Understand ways to support partner to ensure that they receive HIV testing, prevention, prevention, care, and treatment services

### Overview

Notification of partners that they have exposure to HIV infection supports control efforts and helps identify areas of risk.

As an APN provider, you have an obligation to protect the health of both the individual – the index client and the partners.

You also have an obligation to protect the health of the community where HIV may be transmitted.

### Principles of Field Investigation

1. Confidentiality
  - Communicate in private settings
  - Carry Assisted Partner Notification records in secure way so they do not get stolen or lost
  - Do not display or show Assisted Partner Notification records
  - Do not leave messages – verbal or written – that include HIV information
  - Do not give confidential information to anyone other than client or partner
2. Organization
  - You must be organized to effectively prioritize notifications to determine which partners should be notified first
  - Organization is helpful while documenting your work and keeping the APN register up to date
3. Promptness
  - Promptness includes the speed with which initial action is taken to notify the partner, as well as timely follow-up to make sure the partner receives HIV testing.
  - Follow through on appointments and re-initiate action when appointments fail
  - Pursue new information from index client when first attempts fail
4. Communication
  - Use effective communication and be clear on what they wish to communicate.



## Methods of Notification

Telephone notification is preferred. Calls made early morning or evening may have better chance of reaching partner. Try placing calls at different times in the day.



Field notification, via a visit the partner's home or work location, may be necessary when attempts at phone notification fail. Before leaving to home or work visit:

- Review the record and memorize partner's information and precise objectives of the visit
- Store confidential information in a secure place
- Become familiar with the environment and anticipate obstacles

Internet based messaging is a popular way for people to connect. Use of text messages to motivate the partner to call the APN provider – do not use text messages to notify the partner.

## APN Notification Steps

There are six notification action steps:

1 Confirm identify partner & assure private setting	2 Notify of exposure, process reaction, answer questions	3 Provide HIV testing	4 Refer to support services; counsel on behavior change & risk reduction	5 Link HIV+ partners to HIV care and refer for Assisted Partner Notification	6 Follow up to confirm HIV testing; close case
---	--	-----------------------	--	--	--

Here are some examples of what you as a APN provider might say when notifying different partners, based on their exposure.

### For a Sex or needle sharing partner, you might say

*"Recently someone was treated for HIV. We talked to that person about people they have been with and your name came up. So it's important you get tested right away."*

### For a Index Client

*"Someone in your social circle has been treated for HIV. To make sure you're OK, it is important you get tested right away."*

### When notifying a Person with a positive HIV test, you might say

*"I'm here because the test you took at the clinic is HIV-positive. The health center asked me to tell you about this right away and help you get treatment."*

As you become more experienced as an APN provider, you will likely develop your own script, your own way of talking with partners about their exposure.

## Linking HIV- Partners to HIV Prevention Services

Partners who test HIV-negative have a need to receive HIV prevention services. HIV- partners have a demonstrated risk of HIV infection and it's important to keep them HIV-negative. Provide referral to HIV prevention services including:

- Voluntary Medical Male Circumcision (VMMC)
- Family Planning (FP)
- HIV Pre-Exposure Prophylaxis (PrEP)
- Condom Use education and distribution

## Provider Safety

As APN providers working in the field, your safety is very important to the program. There are many precautions you can take to maintain your safety. These include:

- Promote the impression that you are there to help
- Wear comfortable clothing and shoes, avoid valuables
- Avoid going to areas with unexplained crowds
- Avoid insecure places, plan to meet in another location
- Avoid documenting the visit while near the partner's home
- Use your mobile to call for help if unusual situation arise

## HIV Testing Services

Partners are more likely to accept HIV testing if it can be provided immediately upon notification.

APN providers should be skilled in HIV Counseling & Testing and prepared to provide HIV testing, when possible.

### Home-based HIV Testing

Home-based HIV testing is the preferred method of providing HIV testing services to partners. It is preferred because partners can be tested immediately following notification, when they are most likely to consent to testing.

Home-based HIV tests are performed in the partner's home or another private setting in the community. Home-based testing works best when performing notification in the field. The APN provider can inform the partner of their exposure, and then immediately offer testing. The APN provider carries with him/her the home-based test kit and can immediately perform testing. The partner is provided the results of the HIV test immediately.

### Escorted HIV Testing

Escorted HIV testing is a second option. Immediately following notification, the APN provider asks the partner if he/she will come with them immediately to the clinic for HIV testing.

If the partner agrees, the partner is accompanied by the APN provider to the local health facility where they can receive HIV testing services.

The APN provider stays with the partner the entire time and up until the point where they are received by the HIV testing counselor at the health facility. Accompanying the partner is important so the partner has support to go through with testing and not have second thoughts.

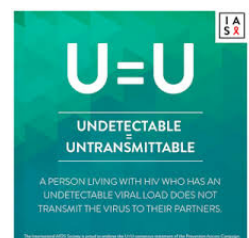
### HIV Testing by Referral

Referring the partner for HIV testing is as the last alternative. The partner is referred to a health facility of their choice.

It's important to urge the partner to get tested as soon as possible and explain why it's important to not delay HIV testing.

- Partner could be positive and transmitting the virus to others unintentionally
- HIV+ Partner should start treatment as soon as possible so virus is suppressed

U=U is a health message related to the benefits of viral suppression. A person living with HIV who has an undetectable viral load does not transmit the virus to their partners. The first step to know your status. If the partner is HIV positive, he/she can greatly benefit from treatment.



## Linking HIV+ Partners to Care

The next steps in notification is to link HIV positive partners to HIV care and treatment.

APN providers have opportunity to support HIV+ partners to access HIV care & treatment and other services.

It's important to identify the partner's concerns with unmet health care needs. This might include:

- HIV Testing Services
- HIV Care & Treatment
- STI Health
- Prenatal and Reproductive Health
- Psychosocial Support Services

Follow up with HIV+ partners to confirm they have accessed health clinic.

Help partner overcome barriers to accessing and accepting treatment & care. Early intervention is needed to stop the spread of infections

## Linking HIV- Partners to HIV Prevention Services

Partners who test HIV-negative have a need to receive HIV prevention services. HIV- partners have a demonstrated risk of HIV infection and it's important to keep them HIV-negative. Provide referral to HIV prevention services including:

- Voluntary Medical Male Circumcision (VMMC)
- Family Planning (FP)
- HIV Post Exposure Prophylaxis (PEP)
- Condom Use education and distribution

## Assisted Partner Notification and Social Networks

Assisted Partner Notification records can provide important information about HIV transmission.

By reviewing Assisted Partner Notification records, we may identify sexual networks where HIV transmission may occur. Look for:

- Index clients name the same partner
- Partners named by more than one Index clients

APN providers work on the front lines where they can identify social networks where interventions are needed.

## MODULE 9

# Recording and Reporting for Assisted Partner Notification

### OBJECTIVES

By the end of this module, participants should be able to:

- Record APN data
- Make a summary report for APN

### Recording for APN

The main data tool recording APN Services include the APN register. All individuals eligible and consented for APN should be recorded in the APN register.

### Activity 1: Use the case scenario to fill in the necessary tools.

Case scenario: Nandi Fox, 23-year-old, newly identified HIV-positive woman, has 4 partners elicited in the past 12 months. She lives in Kibuye, Makindye Div, Kampala, behind Kibuye police. Partner one is unknown. Partner 2: Apple Mango, Male, age unknown, contacted on 14/7/2017, came and was tested HIV-positive on 20/7/2017. Partner 3: May October, Male, contacted 17/7/2017, refused to come without additional information. Partner 4: Monday Luke, contacted twice (14/7/2018, 21/7/2017), presented on 31/7/2017, HTS provided, was HIV-negative, referred for VMMC.

### Reporting for APN

The ultimate goal of APN is to increase the proportion of partners of those infected with HIV who are notified of their exposure, tested for HIV infection and linked to prevention, care, and treatment services as necessary.

To realize the maximum benefits from APN, there is a need for close monitoring and reporting of this public health strategy. To effectively monitor and assess the success of APN, proper documentation and timely entry of case outcomes is critical.

Assisted Partner Notification services monitoring and reporting activities involve the collection of data that help answer important programmatic questions such as the following:

- How successful is the APN strategy at identifying and interviewing Index Clients?
- How successful is the APN strategy at notifying partners of their exposure to HIV?
- How successful is the APN strategy at testing and/or linking partners for HIV testing?
- How successful is the APN strategy at identifying HIV positive partners and linking to HIV care and treatment?

## Process, Quality and Outcome Monitoring

APN Services monitoring and evaluation activities will focus on process, quality and outcome monitoring and evaluation activities.

**The following national indicators will be monitored:**

---

### National level indicators

1. Total Number of partners tested & received results
2. Total Number of partners tested Positive

To get proper answers to the above programmatic questions, standard process, quality and outcome indicators will be monitored.

The Data Quality Assessment (DQA) reporting tool for APN, included as Appendix M, is used to monitor process, quality, and outcome indicators for APN.

## Take Home Message

- Recording for APN will be primarily in the APN register
- HIV testing for partners of index clients should be in the HTS register
- APN will be reported separately within the HTS section of the HMIS 105
- Compare data in 3 HMIS tools is vital to ensure reconciliation: HTC register, Pre-Art register, PHS register





# Appendices

- A. Activities**
- B. Materials in Participant Folders**
- C. Flow Chart for HIV Assisted Partner Notification**
- D. Talking Points for introducing Assisted Partner Notification to Index Clients**
- E. Consent Form for HIV Assisted Partner Notification**
- F. Script for Partner Notification**
- G. Transtheoretical Model of Behavior Change: Strategies & Interventions**
- H. APN DQA summary sheet (HMIS 105)**





# APPENDIX A: Activities

## Module 4 Activity: Breach or Not a Breach

Let's contemplate some important confidentiality scenarios specific to Assisted Partner Notification. This activity will help you understand what constitutes a breach of confidentiality.

For each scenario, you will identify whether you think it is a "Breach" or "Not a Breach" in confidentiality.

SCENARIOS	BREACH	NOT A BREACH
You have referred a partner, John for follow up HIV clinical services. During the session, John asks which of his partners gave his name. You respond by saying, "By law, I am not allowed to give the name of the woman who gave me your name."		
You are counseling William who was referred in through APN and just learned that he is HIV-infected. William agrees to participate in Assisted Partner Notification and names Mary as a partner. You recognize Mary's description and recall she has already been in for HIV testing. You notified and tested Mary two months ago; she is infected. You tell the patient not to worry; this partner "has already been taken care of."		
You are re-interviewing a client that had previously shared information on three partners. You have already contacts two partners and referred them HIV testing. However, since you haven't been able to locate the third partner, you want to ask the patient for additional locating information. The patient gives additional locating information and then asks, "Hey, did you talk with partner #1 and partner #2?"		
During patient interview, Anne names Peter as one of her partners. After testing, you learn that Peter is also infected, and you are now talking to him about partners. Peter names two partners, but you have had to be quite persistent to encourage him to name others. He finally mentions Anne and you suddenly stop asking for additional partners.		
You are having lunch with a friend who is a physician at an ANC clinic. You begin talking about one of your HIV-infected patients. (Of course, you do not mention any names.) You say, "I have this patient who, in addition to being HIV-infected, is working on his third syphilis infection. His wife is pregnant and I'm especially worried about the risk of congenital syphilis – always serious for babies. But the patient claimed that his wife was recently treated for the syphilis infection by a local doctor." Your friend says, "I just treated a pregnant patient who has syphilis, who told me her husband has had it three times. I bet it is the same case!"		
A newly HIV-diagnosed patient feels one of his partners should be notified about possible exposure, but the only contact information he has for this person is a screen/profile name on a specific app. You go onto the app, search the person, and send a message that indicates your name, that you work with the health facility, and "have urgent and confidential health information to discuss with you." You include your contact information and close by asking the partner to contact you as soon as possible.		

SCENARIOS	BREACH	NOT A BREACH
You are having dinner at home with your spouse. You are telling him/her about a patient you saw at work. You are concerned because your patient has so many problems. You explain that your patient is from a rural village, is in her late 20s and now lives in poor housing in the crowded part of the city. She just tested positive for HIV and shows some symptoms. She is a single mother with two very young children and is pregnant. She has a job as a secretary but has been out of work many days because of her sickness and she could lose her job. Your spouse says, "Oh my! That sounds just like the woman who works across the hall from my office. Her name is Jackie, isn't it? Does she have HIV? I won't tell anyone."		
You are a counselor at an HIV testing site. A middle-aged woman stomps into your agency demanding to see the director. She is clearly angry. You invite her into an office, where she blurts out, "I'm Mrs. Murogoro and I know that you have seen my nephew, Chris. I want to know what's going on here. What has he said to you and why would he be at a place like this? I know this place has something to do with HIV and drug and stuff!" You respond, "We have strict confidentiality policies here. I can't say anything about what your nephew has said or how we counseled him."		
You have found Susan and confirmed that she is the partner you are looking for. She invites you inside and you feel confident that no one else is home, so you say, "Susan, I'm here to let you know that someone you've had sex with has tested positive for HIV."		

## Module 5 Activity: Sexual Behavior Open-Ended Questions

Here are some closed-ended questions about sexual behavior. See if you can rewrite each of them as open-ended questions.

1. Do you have anal/oral/vaginal sex?
2. Have you had sex with any sex workers?
3. Have you ever had sex in exchange for money or drugs?
4. Do you have sex with men? Do you have sex with women?
5. Do you have a boyfriend/girlfriend/husband/wife?
6. Do you have a “sugar daddy” or “sugar momma”?
7. Do you ever use the dating websites to hook-up?
8. Do you ever have sex with people you meet in bars/clubs?
9. Do you have one-night stands?
10. Can you give me any identifying information about your sex partner(s)?

## Module 7 Role Play Scenarios: Interviewing

Directions: In groups of two people, with one person designated as the APN provider, and the other person as the Index Client. Assign one scenario – or the index client characteristics – to each group.

- The APN provider will practice using communication and counseling skills and the interview procedure to obtain information about the Index Client.
- The Index Client will act in the role as described in the scenario. All clients were referred to an APN provider are new HIV-positives.

Participants are expected to work through the role play keeping in character without preparation. Participants are encouraged to practice techniques and expand on the scenario to promote learning.

### Assuming 30 participants.

---

1. Woman aged 19, university student recently relocated to Kampala from Jinja
2. Woman aged 24, recently married, spouse often not home at night and has started being violent
3. Woman aged 16, came to city to help family, works at nightclub, sometimes has sex for money
4. Woman aged 32, pregnant with 3 children at home, no spouse
5. Woman aged 20, pregnant with first child
6. Woman aged 28, tested through STI clinic
7. Woman aged 37, tested through Assisted Partner Notification (was partner to another index client)
8. Man aged 17, works as Boda Boda motorcycle driver
9. Man aged 20, university student, uses drugs
10. Man aged 48, first time testing positive, has spouse and several other regular sex partners
11. Man aged 24, likes men and works as sex worker on side
12. Man aged 31, recently married, had multiple sex partners before married
13. Man aged 45, no employed, came to Kampala for work
14. Man aged 26, works as truck driver
15. Man aged 40, married, works as office professional, has children two other women

# ACTIVITY ANSWER KEYS

## Module 4 Activity: Breach or Not a Breach – Answer Key

Scenarios	Answer	Notes
You have referred a partner, John for follow up HIV clinical services. During the session, John asks which of his partners gave his name. You respond by saying, “By law, I am not allowed to give the name of the woman who gave me your name.”	Breach	<p>The provider refers to the Index Client as “the woman.” This identifies the gender of the Index Client and may allow John to ascertain who named him, especially if John has only one female sex or needle-sharing partner.</p> <p><b>How Breach Could Have Been Avoided:</b> Substitute the term “person” to avoid revealing the sex of the Index Client.</p>
You are counseling William who was referred in through APN and just learned that he is HIV-infected. William agrees to participate in Assisted Partner Notification and names Mary as a partner. You recognize Mary’s description and recall she has already been in for HIV testing. You notified and tested Mary two months ago; she is infected. You tell the patient not to worry; this partner “has already been taken care of.”	Breach	<p>Saying Mary has “already been taken care of” could tip William off to the possibility that Mary is the one who named William as a partner.</p> <p><b>How Breach Could Have Been Avoided:</b> Always gather the same information on all partners and Index Clients, and never discuss one patient’s circumstances with another patient.</p>
You are re-interviewing a patient that had previously shared information on three partners. You have already contacts two partners and referred them HIV testing. However, since you haven’t been able to locate the third partner, you want to ask the patient for additional locating information. The patient gives additional locating information and then asks, “Hey, did you talk with partner #1 and partner #2?”	Not a Breach	<p>The patient expected you to follow-up with the partners, and you did. You did not, however, share any information about what you learned from either partner.</p> <p><b>How Breach Was Avoided:</b> No information was shared, beyond acknowledging that you did follow-up and speak with the two partners.</p>
During patient interview, Anne names Peter as one of her partners. After testing, you learn that Peter is also infected, and you are now talking to him about partners. Peter names two partners, but you have had to be quite persistent to encourage him to name others. He finally mentions Anne and you suddenly stop asking for additional partners.	Breach	<p>Peter may realize that the provider knows of (and was pressing for her to name) Anne. He might deduce, then, that it was Anne who gave her name.</p> <p><b>How Breach Could Have Been Avoided:</b> Continue asking about other persons at risk even after Peter has named several partners. You should continue in the same manner, even after Anne has been identified.</p>

Scenarios	Answer	Notes
You are having lunch with a friend who is a physician at an ANC clinic. You begin talking about one of your HIV-infected patients. (Of course, you do not mention any names.) You say, “I have this patient who, in addition to being HIV-infected, is working on his third syphilis infection. His wife is pregnant and I’m especially worried about the risk of congenital syphilis – always serious for babies. But the patient claimed that his wife was recently treated for the syphilis infection by a local doctor.” Your friend says, “I just treated a pregnant patient who has syphilis, who told me her husband has had it three times. I bet it is the same case!”	Breach	<p>Even though you didn’t use a name, you have unwittingly divulged enough information to enable a friend to identify a patient. The ANC clinician now knows the HIV status of your patient.</p> <p><b>How Breach Could Have Been Avoided:</b> Never discuss confidential information, especially specific details, with anyone other than health professional who have a need to know.</p>
A newly HIV-diagnosed patient feels one of his partners should be notified about possible exposure, but the only contact information he has for this person is a screen/profile name on a specific app. You go onto the app, search the person, and send a message that indicates your name, that you work with the health facility, and “have urgent and confidential health information to discuss with you.” You include your contact information and close by asking the partner to contact you as soon as possible.	Not a Breach	Internet follow-up is the only way to reach some partners with important information. Using the terms “urgent and confidential health information” is one of several standard approaches, gives a sense of the importance, and could relate to a range of health matters.
You are having dinner at home with your spouse. You are telling him/her about a patient you saw at work. You are concerned because your patient has so many problems. You explain that your patient is from a rural village, is in her late 20s and now lives in poor housing in the crowded part of the city. She just tested positive for HIV and shows some symptoms. She is a single mother with two very young children and is pregnant. She has a job as a secretary but has been out of work many days because of her sickness and she could lose her job. Your spouse says, “Oh my! That sounds just like the woman who works across the hall from my office. Her name is Jackie, isn’t it? Does she have HIV? I won’t tell anyone.”	Breach	<p>You discussed a case with someone who does not have a “need to know.” You provided too much information.</p> <p><b>How Breach Could Have Been Avoided:</b> Avoid conversations about patients even with those you love and who have nothing to do with your work.</p>

Scenarios	Answer	Notes
<p>You are a counselor at an HIV testing site. A middle-aged woman stomps into your agency demanding to see the director. She is clearly angry. You invite her into an office, where she blurts out, “I’m Mrs. Murogoro and I know that you have seen my nephew, Chris. I want to know what’s going on here. What has he said to you and why would he be at a place like this? I know this place has something to do with HIV and drug and stuff!” You respond, “We have strict confidentiality policies here. I can’t say anything about what your nephew has said or how we counseled him.”</p>	Breach	<p>You confirmed that her nephew was a patient.</p> <p><b>How Breach Could Have Been Avoided:</b> Guard against revealing whether Mrs. Murogoro’s nephew has been a patient. You might instead have asked “What makes you think your nephew has been here?” and looked for other ways to defuse her anger.</p>
<p>You have found Susan and confirmed that she is the partner you are looking for. She invites you inside and you feel confident that no one else is home, so you say, “Susan, I’m here to let you know that someone you’ve had sex with has tested positive for HIV.”</p>	Breach	<p>This would be considered a breach because you revealed the type of transmission (sexual).</p> <p><b>How Breach Could Have Been Avoided:</b> Saying instead, “Susan I’m here to let you know that you have been exposed to HIV and need to get tested.”</p>

## Module 4 Activity: Negative Outcomes and Lost Opportunity – Answer Key

We've talked about the importance of confidentiality. It helps to think how a breach in confidentiality can impact the APN program.

1. For the client, or their partner(s):

Think of at least one example of a lost opportunity and negative outcome that might result from breaches/violation of confidentiality in Assisted Partner Notification for the index client and partner.

- Discrimination – e.g., lost housing, job, benefits if HIV status learned
- Violence – against the client by a partner or Index Client
- Less trust/willingness to participate in Assisted Partner Notification
- Disruption of relationships

2. For an APN provider:

Think of at least one example of a lost opportunity and negative outcome that might result from breaches/violation of confidentiality in Assisted Partner Notification for the APN provider.

- May lose job if serious breach
- Lawsuit or other legal ramifications
- Lost credibility/trust
- Lost participation in Assisted Partner Notification means lost opportunities for prevention
- Lost opportunities for identifying HIV-positive partners and offering early intervention
- Lost opportunity to have an impact in the epidemic



## Module 5 Activity: Sexual Behavior Open-Ended Questions – Answer Key

1. Do you have anal/oral/vaginal sex?
  - Tell me about the sexual partners you have had anal, oral or vaginal sex with.
  - What types of sexual practice do you engage in?
  - When was the last time you had anal/oral/vaginal sex?
2. Have you had sex with any sex workers?
  - Tell me about the times you have had sex with a sex worker.
  - How many sex workers have you had sex with in the past \_\_\_\_\_ (month, 2 months, etc.)
3. Have you ever had sex in exchange for money or drugs?
  - When was the last time you had sex in exchange for money or drugs?
  - Tell me about the times you had sex in exchange for money or drugs.
4. Do you have sex with men? Do you have sex with women?
  - Some people partner with men, some with women and some with both. Tell me about your sex partners.
  - How many partners have you had in the last \_\_\_\_\_ (time period)? How many of those partners were women? How many were men?
  - What men have you had sex with? What women have you had sex with?
5. Do you have a boyfriend/girlfriend/husband/wife?
  - Who is your steady partner?
  - Who did you have sex with this week?
  - Who is your “booty call”
6. Do you have a “booty call” or “friend with benefits”?
  - Tell me about your “friend with benefits?”
  - Who is your “booty call?”
7. Do you ever use the Internet to hook-up?
  - Which sites do you go to online to meet partners?
  - When was the last time you had sex with someone you met online?
8. Do you ever have sex with people you meet in bars/clubs?
  - When was the last time you had sex with someone you met in a bar/club?
  - Who have you had sex with at the club/bar where you hang out?
9. Do you have one-night stands?
  - Who have you had sex with just once?
  - Tell me about the times you’ve had sex just once.
10. Can you give me any identifying information about your sex partner(s)?
  - What is his/her (sex partner/hook up) name?
  - What is his/her phone number?
  - Describe that person for me.
  - What other things can you tell me about this person to help me identify him/her? What gender is this person? What is his/her marital/partner status?

## Module 8 Activity: Typical Notification Problems and Suggested Responses

Directions: Read the typical questions that may come up when notifying partners of their exposure. With a partner take turns practicing asking the questions and responding using the suggested responses. Consider role playing this for the training group.

1. How did you get my name?

*"From someone who has this disease and exposed you. This person cares enough about you to want you to get checked also."*

2. Who gave you my name?

Same reply as above, or if pressed further for an identity

*"It's frustrating not being able to be told who is trying to help you, but the information is confidential. The good thing is, your information is confidential too, so just like I can't share this information—I also can't share yours."*

3. Do I have the disease?

*"We won't know until you get tested. We will arrange this as quickly as possible. How about going in right now?"*

4. I haven't had sex with anyone in over a month.

*"This may be someone you were with weeks or even months ago. And, it could have been oral, anal, or vaginal sex. So what time today (or tomorrow) can we go to the clinic?"*

5. I haven't had sex with anyone but my husband/wife.

*"Someone close to you had this disease and is concerned about your health. And by sex—that means anyone you had oral, anal, or vaginal sex with—even once. Your health and getting an exam is the most important thing right now. When can we get you tested?"*

6. But I feel fine. I haven't had any sores, drips, or anything.

*"That's a good sign, and I really hope it means everything is OK. But only a HIV test can tell for sure. Many people don't have any signs or symptoms. Now, what time today (or tomorrow) can I tell the doctor you'll be in?"*

**OR**

*"You've been exposed. If you get tested and treated right away you may be able to prevent problems."*

7. There isn't anything wrong with me. I went to my doctor just last week.

*"That's great. What made you decide to go to the doctor?"*

Then ask the following questions, one question at a time, "What clinic did you go to?" "What tests did you get?" "What treatment did you get?"

If the answers indicate the person may have gotten the appropriate diagnosis and treatment, the APN provider would immediately follow up with the clinic to confirm. If it did not sound like the person was seen at the clinic, the APN provider should work with the person to have them seen at the clinic as soon as possible.

8. Fine, I'll take care of it at my doctors and you don't need to get involved. You just trust that I will take care of it.

*"Thanks for wanting to take care of this all on you own. For you to get the best possible care at your doctors, I will need to give him or her some medical information. What is that phone number?"*

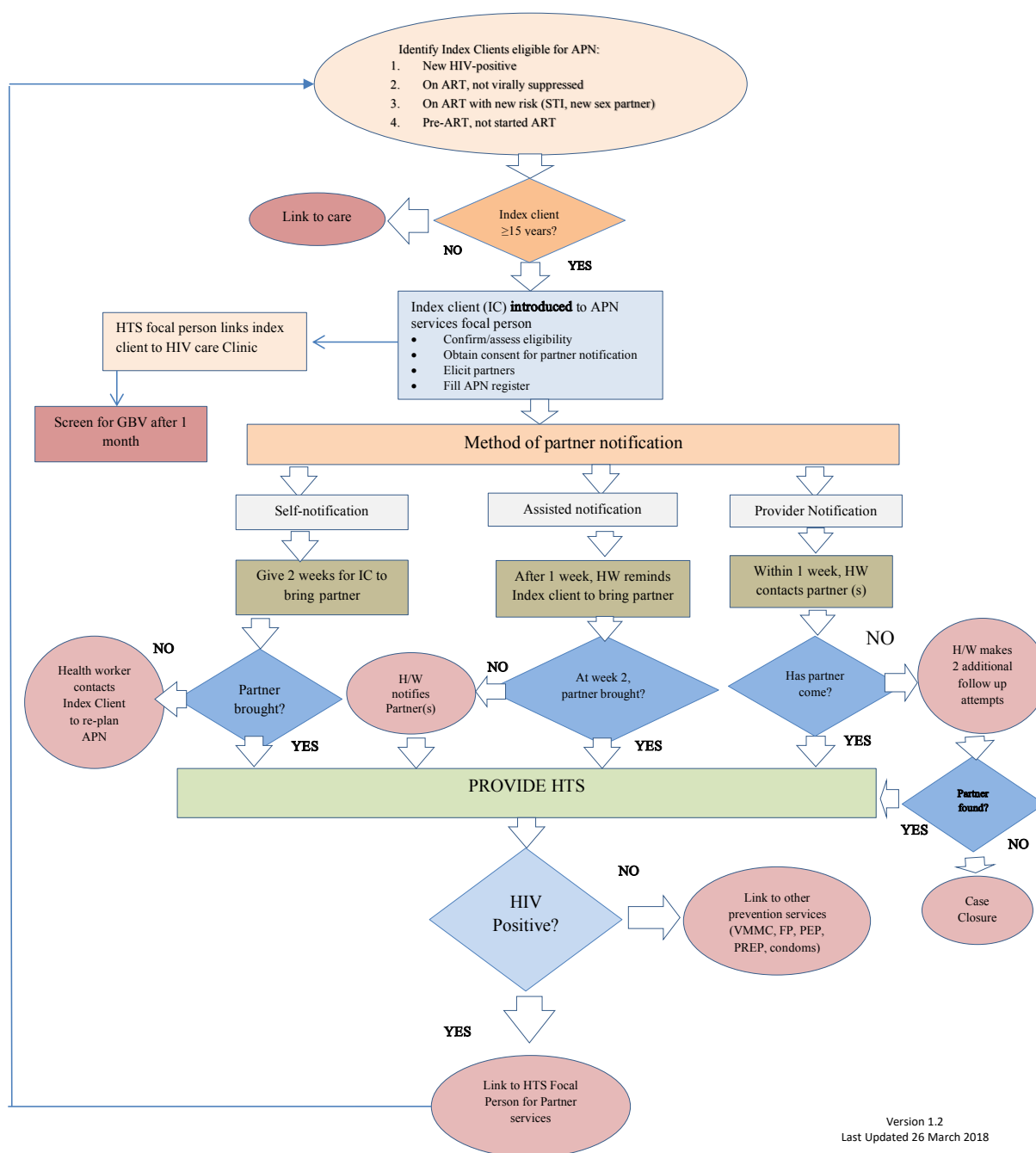
In this instance, the Partners Services provider should try to arrange or confirm the appointment personally.

# APPENDIX B: Materials in Participant Folders

## **Each participant folder should include the following:**

1. Pre-Test Assessment
2. Post-Test Assessment
3. Flow Chart for HIV Assisted Partner Notification
4. Consent Form for Assisted Partner Notification
5. Talking Points for introducing Assisted Partner Notification to Index Clients
6. Assisted Partner Notification Register
7. Script for Partner Notification
8. Transtheoretical Model of Behavior Change: Strategies & Interventions

# APPENDIX C: Flow Chart for HIV Assisted Partner Notification



Version 1.2  
Last Updated 26 March 2018

# APPENDIX D: Talking Points for introducing Assisted Partner Notification to Index Clients

- Explain the importance of ensuring that all partners get tested for HIV.
  - HIV-positive partners can start on HIV treatment to keep them healthy and reduce risk that they will pass HIV to other sex partners and/or children.
  - HIV-negative partners can access HIV prevention services to help them remain HIV-negative, including condoms, pre-exposure prophylaxis (PrEP), and male circumcision.
- Inform the index client that:
  - The clinic is offering Partner Notification Services to assist the client to contact their partners so that these partners can learn their HIV status.
  - The service is offered because we know disclosure of HIV status to partners can be difficult.
  - You will ask the client to list the names of all persons they have had sex with, including people they may have only had sex with one time. If there are also persons the client has shared needles with, you will also ask for their names.
  - You will also ask for the names any child(ren) who may need an HIV test.
- Inform the client that there are 3 options for contacting their partners using “Options for Notifying Your Partner about HIV” Job Aid:
  1. Client can contact their partner to let them know they should be tested for HIV (Self-notification);
  2. Client can contact their partner within 1 week, after which the provider will assist with notification if the partner hasn’t been tested (Assisted notification);
  3. Partner services focal point can contact partners directly, without telling them the client’s name (anonymously) (Provider notification).
- If the client chooses option (2), they will have 2 weeks to bring in or refer their partner for HTS.
  - If the partner does not come in for HTS after 2 weeks, then the partner services focal point will contact and notify the partner.
- Inform the index client that:
  - All information will be kept confidential. This means that:
    - Partners will NOT be told the index client’s name or test results.
    - The index client will NOT be told the HIV test results of their partner(s) or whether or not their partner(s) actually tested for HIV.

# APPENDIX E: Consent Form for Assisted Partner Notification

Dear Sir/Madam my name is \_\_\_\_\_ a health worker at \_\_\_\_\_ Health facility. I would like you to participate in Assisted Partner Notification (or APN) service. We will ask you for information about you and your sexual partners. Knowing yours and your partners' HIV status is important for you and your partners' health. If you agree we will contact your sexual partners for HIV testing. All the information shared with us will be kept confidential and we will not reveal your identity to any of your named sexual partners. If you chose to not consent at this time, there is a risk that your sexual partners could be HIV-positive and not know it. Do you consent to participate in APN service?

Please ask any questions you have about APN and I will do my best to answer.

Please sign below to indicate your consent to participate in APN services.

Clients

Name \_\_\_\_\_ Signature or thumb print \_\_\_\_\_

Health workers

Name \_\_\_\_\_ Signature or thumb print \_\_\_\_\_

Version 1.2, Last Updated 26 March 2018

# APPENDIX F: Script for Partner Notification

## 1. SMS

Initial text messages:

- I am XX with the XX Health Facility and I need to speak with you as soon as possible. Please call me at #.
- Hi [patient name], I am XX with the XX Health Facility and I need to talk to you about an urgent health matter. Please call me at #.

When you get a request from initial text message asking for additional information:

- This is a serious matter. I can tell you more when you call. Please call me at #.
- The information is confidential, but I can tell you more when you call. Please call me at #.

## 2. Phone Call

Good day. My name is \_\_\_\_\_ and I am a health care provider at [Facility Name]\_\_\_\_\_.

Am I speaking with partner's name\_\_\_\_\_?

**[If NO]:** Is partner's name\_\_\_\_\_ available?

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

**[If YES]:** To confirm I am talking with the right person, can you tell me your age? **[Confirm age provided is same or within range of age reported by index client]**

**[If age is not same]:** I'd like to plan a time to meet you in person. When is a convenient time I can come to your house/work?

**[If identify confirmed]:** I have some important information for you. Are you in a private location? Is now a good time to talk?

**[If NO]:** When would be a better time for me to call you?

**[If YES]:** My job to talk with people who have been exposed to HIV and other infections. Everything we talk about is private. I am calling because someone who is concerned with your life informed me that you may have been exposed to HIV. It is important that you get tested for HIV right away so you can learn your status. Treatment is free of charge and can prevent serious illness.

- **[For community HIV testing, preferred if available]:** I come to you and give you the test for HIV. When can we meet?
- **[For escorted HIV testing, preferred]:** We can go together to [Name of health facility] for HIV testing. When can we meet?
- **[For referral for HIV testing, last alternative]:** I can refer you to [Name of health facility] for an HIV test as soon as you can go. When can you make time to come to the clinic? Its important you get tested as soon as possible. HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening.



### 3. Field Visit (at home or work)

Good day. My name is \_\_\_\_\_ from [Facility Name] \_\_\_\_\_.

I am looking for [partner's name]. Is he/she around?

[IF NOT]: Ok, thanks. Do you know when he/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]: To confirm I am talking with the right person, can you tell me your age? **[Confirm age provided is same or within range of age reported by index client]**

[Once identity is confirmed]: My job is to talk with people who have been exposed to HIV and other infections. Everything we talk about is private. I am here because someone who is concerned with your life informed me that you may have been exposed to HIV. It is important that you get tested for HIV right away so you can learn your status. Treatment is free of charge and can prevent serious illness.

- **[For community HIV testing, preferred, if available]:** I can test you for HIV right now. Shall we get started?
- **[For escorted HIV testing, preferred]:** We can go together right now to [Name of health facility] for HIV testing. Shall we go?
- **[For referral for HIV testing, last alternative]:** I can refer you to [Name of health facility] for an HIV test as soon as you can go. When can you make time to come to the clinic? It's important you get tested as soon as possible. HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening.

#### **Additional message of confidentiality assurance**

- Reassure the partner that you will not disclose their results to anyone and that you will not tell them who provided their contacts.
- In case the partner also tests positive, we shall request he/she provide sexual contacts and help the partner start HIV treatment right away

# APPENDIX G: Transtheoretical Model of Behavior Change: Strategies & Interventions

Stage of Change: Pre-contemplative	
<b>DESCRIPTION</b>	<p>In which the patient is not considering a behavior change and acts out his/her ambivalence about the behavior in question.</p> <p><i>[The stage where people have no intention of changing a behavior.]</i></p>
<b>TARGET BEHAVIOR</b>	Sees no need to or won't do it
<b>GOAL &amp; STRATEGY</b>	<p>The goal at this stage is to get the patient to start considering the costs and benefits of his/her behavior(s).</p> <p>Get a reaction through thoughts or feelings.</p>
<b>STRATEGIES &amp; INTERVENTION</b>	<p><b>Give Information and/or statistics</b></p> <ul style="list-style-type: none"> <li>• Information that directly relates to the patient's unique circumstances (e.g., last know CD4/VL labs, exposure to HIV, positive HIV test result)</li> <li>• "What do you already know about...?"</li> <li>• Should be culturally and linguistically appropriate</li> <li>• Process the information with the patient: "What do you think this means for you?"</li> </ul>
	<p><b>Storytelling</b></p> <p>Talk about another patient (without providing personally identifying information) with similar circumstances and what happened to them:</p> <ul style="list-style-type: none"> <li>• Addresses emotional resistance through role identification</li> <li>• Alters perception of risk</li> <li>• Helps patient "see" consequences</li> </ul>
	<p><b>Discuss impact of behavior on others</b></p> <ul style="list-style-type: none"> <li>• Helpful for patients who are fatalistic or say they don't care</li> <li>• Talk with patient about how risk behavior could impact on the lives of others they care about</li> </ul>
	<p><b>Identify Barriers</b></p> <p>Utilize existing resources – make referrals to supporting services (e.g., transportation, housing, food pantry, etc.)</p>

Stage of Change: Contemplative	
<b>DESCRIPTION</b>	<p>In which the patient is verbalizing his/her ambivalence about his/her behaviors. At this point, ambivalence is high but the possibility of change is unfocused.</p> <p><i>[The stage where people are thinking about making a change.]</i></p>
<b>TARGET BEHAVIOR</b>	See need to, BUT...or “yeah, but I can’t”
<b>GOAL &amp; STRATEGY</b>	<p>The goal now is to get the patient to consider the possible costs and benefits of change.</p> <p>Explore reasons behind ambivalence; help patient identify barriers.</p> <p>Focus on the “but”.</p>
<b>STRATEGIES &amp; INTERVENTION</b>	<p><b>Explore Ambivalence</b></p> <p>Pros and cons</p> <ul style="list-style-type: none"> <li>• Weigh personal pros and cons of the proposed change</li> <li>• Add to the pros</li> </ul> <p>Offer harm reduction substitutes</p> <ul style="list-style-type: none"> <li>• Discuss lower risk alternative behaviors for the patient to try</li> <li>• Patient needs to do the work; your role is to facilitate their thinking, attitudes, and feelings</li> </ul>
	<p><b>Discuss Behavior in Relation to Self-Image</b></p> <ul style="list-style-type: none"> <li>• Ask patient to describe how they see themselves as a person – values and standards</li> <li>• Ask patient to explore how the specific risk behavior fits or doesn’t fit with their self-image</li> <li>• Staff must remain values neutral</li> </ul>
	<p><b>Identify Barriers</b></p> <ul style="list-style-type: none"> <li>• Utilize existing resources – make referrals to supporting services (e.g., transportation, housing, food pantry, etc.)</li> </ul>

Stage of Change: Ready For Action	
<b>DESCRIPTION</b>	<p>In which the patient starts talking and considering actual strategies of change. Now the ambivalence centers on change and taking action.</p> <p><i>[The stage where people intend to take action in the immediate future, and have already taken some behavioral steps in that direction.]</i></p>
<b>TARGET BEHAVIOR</b>	Ready to...or okay, sure but how?
<b>GOAL &amp; STRATEGY</b>	The goal now is to help the patient identify realistic alternatives and remove obstacles.
<b>STRATEGIES &amp; INTERVENTION</b>	<p><b>Develop a Plan</b></p> <ul style="list-style-type: none"> <li>• Build self-efficacy (confidence)</li> <li>• Develop and Practice Skills</li> <li>• Have a detailed plan AND back-up plan</li> </ul>
	<p><b>Identify the actual steps needed to make the change</b></p> <ul style="list-style-type: none"> <li>• “So, what are you willing to do?”</li> </ul>

Stage of Change: Action	
<b>DESCRIPTION</b>	<p>In which the patient works through the conflict between belief and action and change, begins.</p> <p><i>[The stage where people are actually involved in changing the behavior.]</i></p>
<b>TARGET BEHAVIOR</b>	Doing it for 3-6 months
<b>GOAL &amp; STRATEGY</b>	<p>The goal now is to give the patient as much support as possible, especially the kind that mirrors his/her own current efforts.</p> <p>Identify rewards, supports, find substitutes, avoid triggers and become a role model.</p>
<b>STRATEGIES &amp; INTERVENTION</b>	Reinforce positive behaviors and encourage patient to continue.
	<p>Identify Supports</p> <ul style="list-style-type: none"> <li>• Social supports</li> <li>• Supports may be formal or informal</li> </ul>
Stage of Change: Maintenance	
<b>DESCRIPTION</b>	<p>In which earlier ambivalence, particularly concerning the costs of making change, is acknowledged and addressed again in order to maintain change. At this point, changing continues and becomes normalized.</p> <p><i>[The stage where people have been successful in making and maintaining the change.]</i></p>
<b>TARGET BEHAVIOR</b>	Been doing over 6 months
<b>GOAL &amp; STRATEGY</b>	<p>The goal now is to offer the patient continued support, especially in looking at triggers that might provoke relapse and thinking about how to avoid them or replace them with other elements</p> <p>Identify rewards, supports, find substitutes, avoid triggers and become a role model.</p>
<b>STRATEGIES &amp; INTERVENTION</b>	Reinforce positive behaviors and encourage patient to continue in stage.

Stage of Change: Relapse	
<b>DESCRIPTION</b>	The stage where people cycle back to a previous stage. Relapse is a natural part of the process of change and can occur at any stage (relapse back to any stage).
<b>TARGET BEHAVIOR</b>	Cycle back to a previous stage
<b>GOAL &amp; STRATEGY</b>	Problem solve and try again
<b>STRATEGIES &amp; INTERVENTION</b>	<ul style="list-style-type: none"> <li>• Reassess patient's Stage</li> <li>• Reframe Negatives</li> <li>• Reinforce previous efforts</li> <li>• Problem solve around specifics of relapse</li> <li>• Develop a new plan</li> </ul>

### Always Remember:

- Behavior change is a process that occurs in steps over time.
- Patients are in different stages of readiness to change at any given time.
- Movement is spiral, not linear.
- There are NO standard messages. Each patient has unique circumstances.
- Counseling strategy used needs to MATCH the patient's readiness for change.
- Relapse can occur at any time and is a normal part of the process of change.
- A patient can be in different stages for different target behaviors.
- Patients need different approaches that match their stage of change.
- Approaches that move ahead of the patient's readiness result in increased patient resistance and are not helpful for the patient.

# APPENDIX H: APN DQA summary sheet (HMIS 105)

**Facility Name:** \_\_\_\_\_

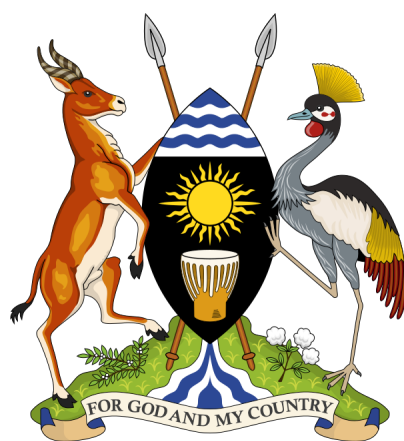
**Reporting Period (MM/YYYY):** \_\_\_\_\_

No.	Indicators		15-18 years		19-24 years		Above 25 years	
			Male	Female	Male	Female	Male	Female
1.	Number of eligible HIV-positive individuals identified							
2.	Number of index clients interviewed							
3.	Number of partners elicited							
4.	Number of partners notified							
5.	Number of partners tested							
	HIV Status	Negative						
		Positive						
6.	Number of newly HIV-positive partners linked to HIV care/ART							
7.	Number of HIV-positive partners already in HIV care							
8.	Number of index clients experienced GBV							

Version 1.2, updated 29 March 2018

**This manual was developed with technical support  
from NASTAD and financial support from PEPFAR.**





MINISTRY OF HEALTH