HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

icap Global Health

Improving the Quality of Index Client Testing: Assessment & Accreditation in Uganda

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services
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Background-HTS program in Uganda

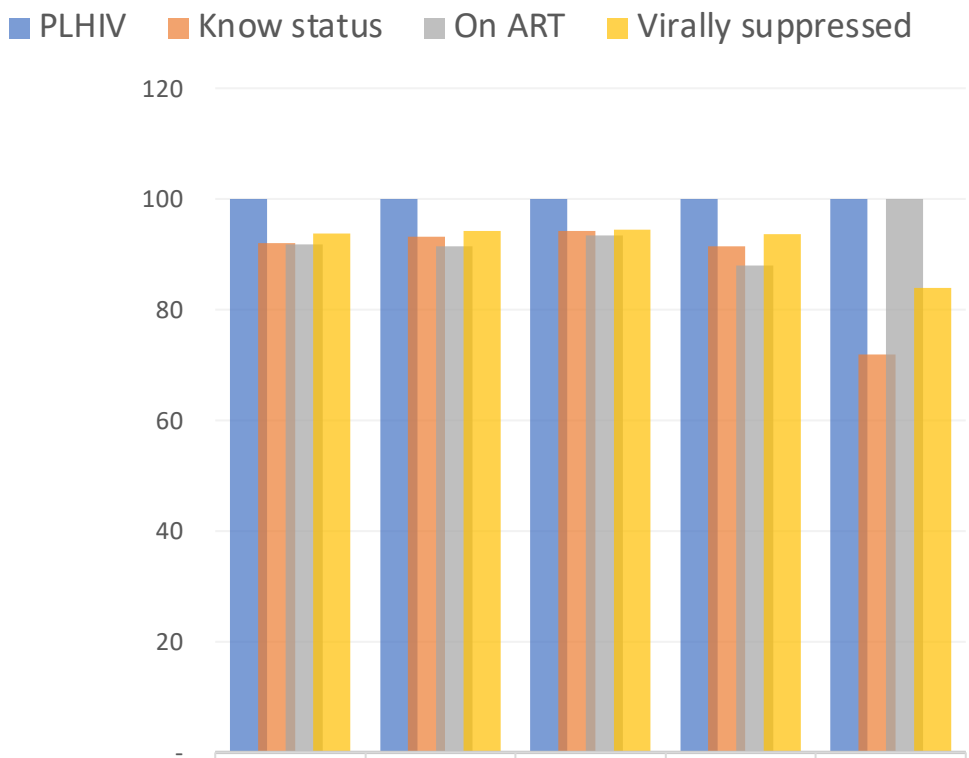
Uganda implements a strategic mix of differentiated HTS models to optimize testing, case identification and linkage to both prevention and care

In 2018, The program adopted the implementation of Index client testing for sexual partners-APN & HIVST

Index clients enlist their sexual partners for last 12 months and they can be notified by self, provider referral or dual notification

2020: Uganda launched the HTS optimization plan with APN as one of maid approaches for case identification

The conditional cascade is 92% of all PLHIV were aware of their HIV sero status, 92% of those aware of their HIV sero status were enrolled on ART, and 94% of all those on ART had achieved viral load suppression by end of 2022.



	Adults and Children	Adults 15 + yrs	Adult Women	Adult Men	Children 0 - 14 yrs
PLHIV	100	100	100	100	100
Know status	92	93	94	91	72
On ART	92	91	93	88	100
Virally suppressed	94	94	94	94	84

Methods-Process of setting up the accreditation system for Index client testing

Despite the good yield through index testing, in 2019 concerns were raised from the international community regarding the ethical and safety quality of APN

Main concern was fear of GBV post notification and also coercion during service delivery

PEPFAR through OGAC recommended stopping offering Index testing for Key Populations

Working with WHO, PEPFAR and ministries of health developed guidance for certifying all health facilities before the continuation of index client testing (APN)

MOH with support from CHAI and CDC Uganda adapted the red cap tool for assessment of sites

To determine the magnitude of the un ethical and unsafe service, MOH conducted a rapid site visit to selected APN providing health facilities across the country to assess quality of the service

The assessment provided baseline data and recommendations for the upcoming national Index client assessment and accreditation for an ethical and safe service

Task Force members Partners

MOH

CDC

USAID

CHAI

WHO

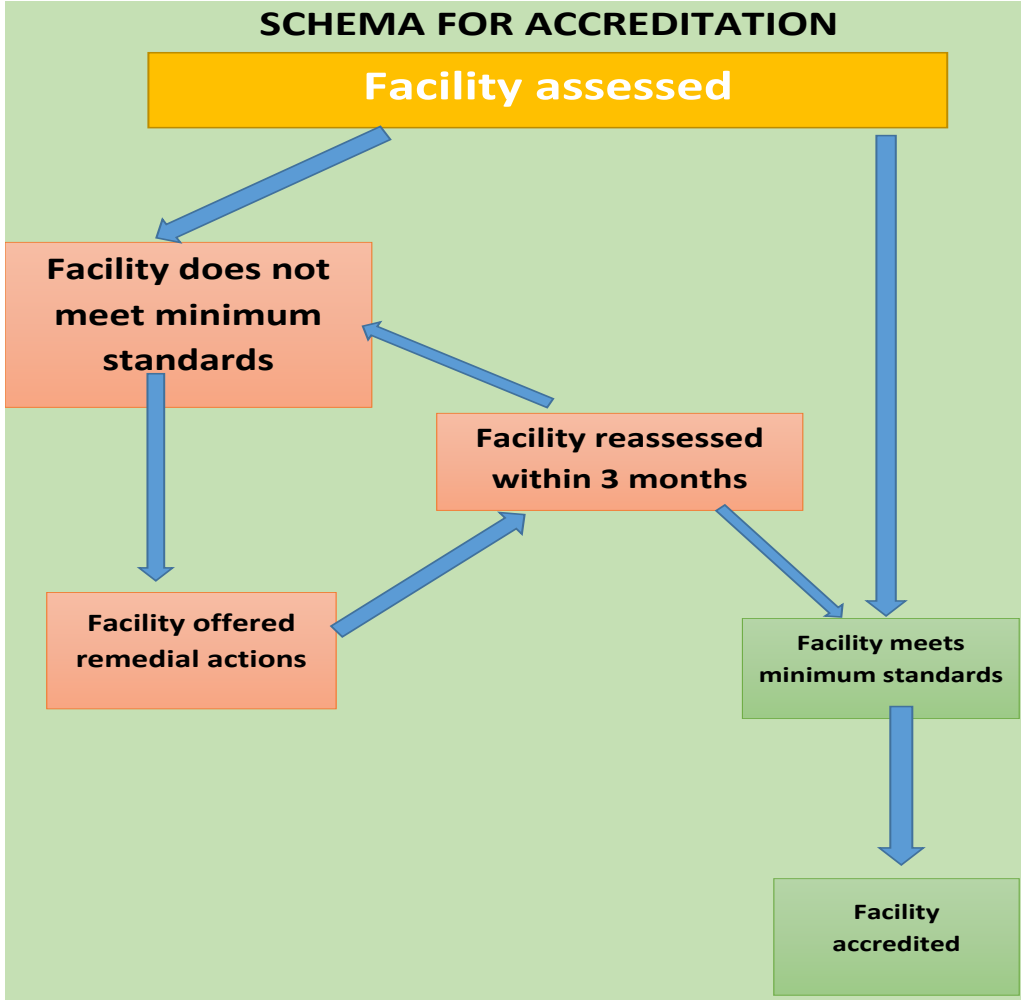
UAC

Civil society representatives

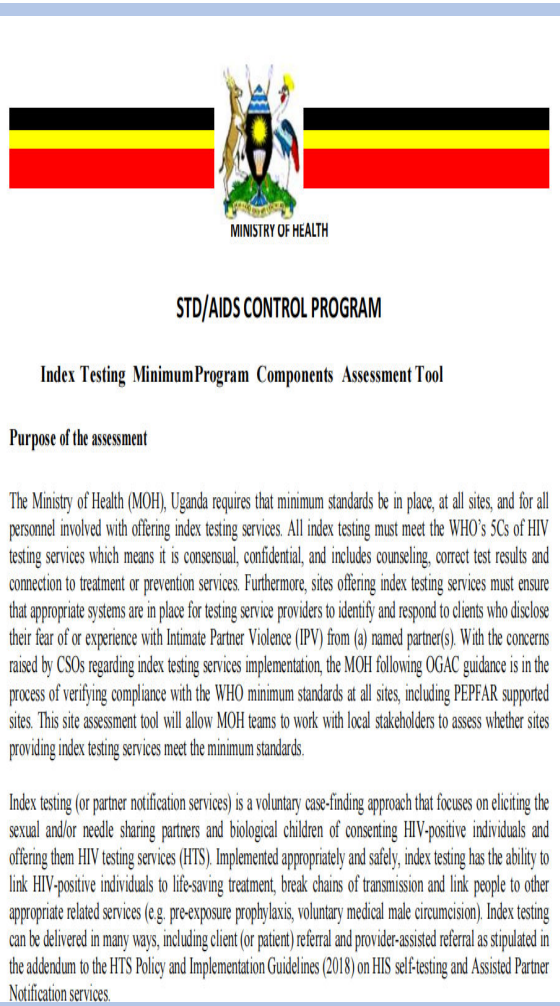
All IPs about 16

Methods-Process of setting up the accreditation system for Index client testing

- Set up of National task force
- Tool kit development-Adaptation of the red cap tool
- Development of guidance for ICT accreditation
- Training of national Technical team of assessors
- Regional entry and forming regional and District task teams following the National QIF
- Training and rollout at facility level
- The Program developed a screening tool for Intimate Partner violence
- National database for real time monitoring set up, sites upload data during assessment
- System able to flag sites that are due for assessment
- Accreditation lasts 12months
- Bi monthly meetings for the first 6months, monthly for another 12months



Key tools Tools: Red Cap Assessment tool, IPV screening form, Consent form, Confidentiality agreements



MINISTRY OF HEALTH

STD/AIDS CONTROL PROGRAM

Index Testing MinimumProgram Components Assessment Tool

Purpose of the assessment

The Ministry of Health (MOH), Uganda requires that minimum standards be in place, at all sites, and for all personnel involved with offering index testing services. All index testing must meet the WHO's 5Cs of HIV testing services which means it is consensual, confidential, and includes counseling, correct test results and connection to treatment or prevention services. Furthermore, sites offering index testing services must ensure that appropriate systems are in place for testing service providers to identify and respond to clients who disclose their fear of or experience with Intimate Partner Violence (IPV) from (a) named partner(s). With the concerns raised by CSOs regarding index testing services implementation, the MOH following OGAC guidance is in the process of verifying compliance with the WHO minimum standards at all sites, including PEPFAR supported sites. This site assessment tool will allow MOH teams to work with local stakeholders to assess whether sites providing index testing services meet the minimum standards.

Index testing (or partner notification services) is a voluntary case-finding approach that focuses on eliciting the sexual and/or needle sharing partners and biological children of consenting HIV-positive individuals and offering them HIV testing services (HTS). Implemented appropriately and safely, index testing has the ability to link HIV-positive individuals to life-saving treatment, break chains of transmission and link people to other appropriate related services (e.g. pre-exposure prophylaxis, voluntary medical male circumcision). Index testing can be delivered in many ways, including client (or patient) referral and provider-assisted referral as stipulated in the addendum to the HTS Policy and Implementation Guidelines (2018) on HIS self-testing and Assisted Partner Notification services.

MINISTRY OF HEALTH

CONFIDENTIALIALITY DATA SHARING AGREEMENT FOR ROUTINE INDEX CLIENT TESTING

To be signed by the providers of index client testing and should be stored in the Index testing file.

I ..... (*Name of third party*) from..... (*Institution*) is under professional need to view the index client testing data, and hereby do request access to implied documents. During the process of this exercise, the following shall be binding:

1. That I will do the extent allowable by the law, maintain the confidentiality of any client names or other client's identifiers such as date of birth, place of residence that I may see as part of the index client testing.

2. I will, review clients' registers and any other records with client's names and other client's identifier in the private place, or in such a manner as will protect client confidentiality.

3. I will not record any client's names or other client identifier.

4. I will discuss any question(s) that I have related to the reviewed client's records with other site visit staff only in the private place or in such a manner as will protect client's confidentiality.

5. To the extent allowed by applicable law, I will not disclose the names of the site or implementing partner (IP) staff.in addition, I will only store site and IP identifiable information related to the index client in the secure data management system.

6. And that these provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liability created by existing statute or executive order related to (1) classified information(2), communication in progress(3),the reporting to an inspector general of a violation of any law, rule, or regulation, or mismanagement, gross waste of funds, an abuse of authority, or substantial and specific danger to public health or safety or(4) any whistleblower protection, the definitions, requirements, obligations rights, sanctions and liabilities created by controlling executive orders and statutory provisions are incorporated into agreement and are controlling.

Signature:.....

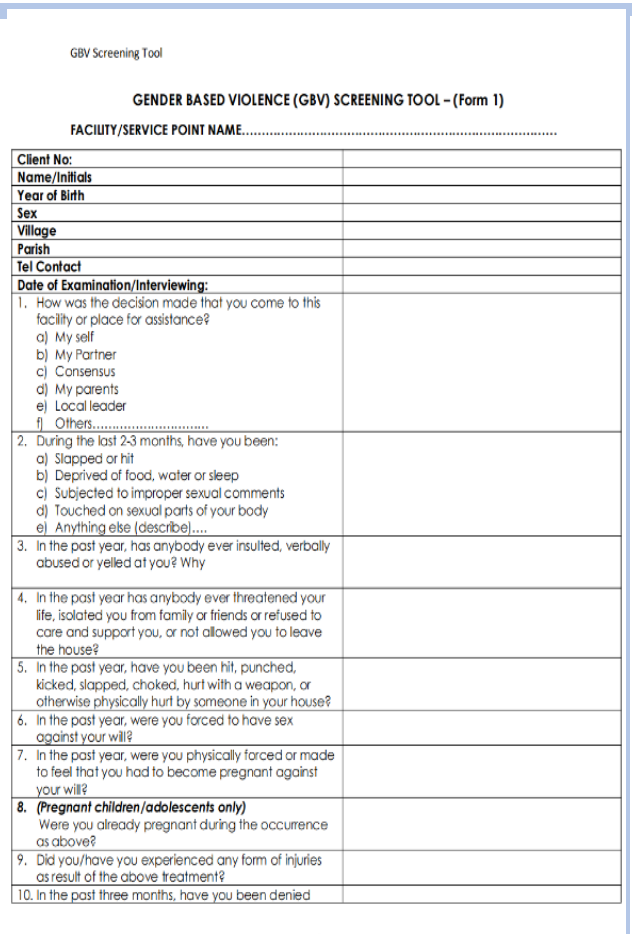
Date.....

Witness (*custodian of index testing data at health facility)*

Name:.....

Signature:.....

Date:.....



GBV Screening Tool

GENDER BASED VIOLENCE (GBV) SCREENING TOOL – (Form 1)

FACILITY/SERVICE POINT NAME.....

Client No:	
Name/Initials	
Year of Birth	
Sex	
Village	
Parish	
Tel Contact	
Date of Examination/Interviewing:	
1. How was the decision made that you come to this facility or place for assistance? a) My self b) My Partner c) Consensus d) My parents e) Local leader f) Others.....	
2. During the last 2-3 months, have you been: a) Slapped or hit b) Deprived of food, water or sleep c) Subjected to improper sexual comments d) Touched on sexual parts of your body e) Anything else (describe).....	
3. In the past year, has anybody ever insulted, verbally abused or yelled at you? Why	
4. In the past year has anybody ever threatened your life, isolated you from family or friends or refused to care and support you, or not allowed you to leave the house?	
5. In the past year, have you been hit, punched, kicked, slapped, choked, hurt with a weapon, or otherwise physically hurt by someone in your house?	
6. In the past year, were you forced to have sex against your will?	
7. In the past year, were you physically forced or made to feel that you had to become pregnant against your will?	
8. ***(Pregnant children/adolescents only)*** Were you already pregnant during the occurrence as above?	
9. Did you/have you experienced any form of injuries as result of the above treatment?	
10. In the past three months, have you been denied	

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APPENDIX H

EKIWANDIIKO EKIRAGA OKUTUKKIRIZA OKUTUUKIRIRA OMUNTU GWEWEGATTA NAYE

Nkulamusizza Ssebo/Nyabo. Erinnya lyange nze _____nga ndi musawo ku ddwaliro _____.Nkusaba wetabe mu nkola ekwata ku bantu abazuuliddwa nga balina akawuka akaleeta siriimu.Tugenda kukubuuza ebibuuzo ebikukwatako awamu n'ebikwata ku bantu bewegatta nabo. Okumanya bw'oyimiridde awamu n'omwagalwa/abagalwabo bwebayimiridde ku bikwaata ku kawuka akaleeta siriimu kyamugaso nyo gyoli awamu n'omwagalwawo/abantu beweegatta nabo. Bwokkiriza tujja kutuukirira omwagalwawo/oba abantu beweegatta nabo nga tumusaba/tubasaba okubakebera akawuka akaleeta siriimu. Byonatubuulira byonna bijja kukuumibwa nga bya kyama era tetujja kubuulira mwagalwawo/omuntu gwewegatta naye nti gwe watubuulidde.

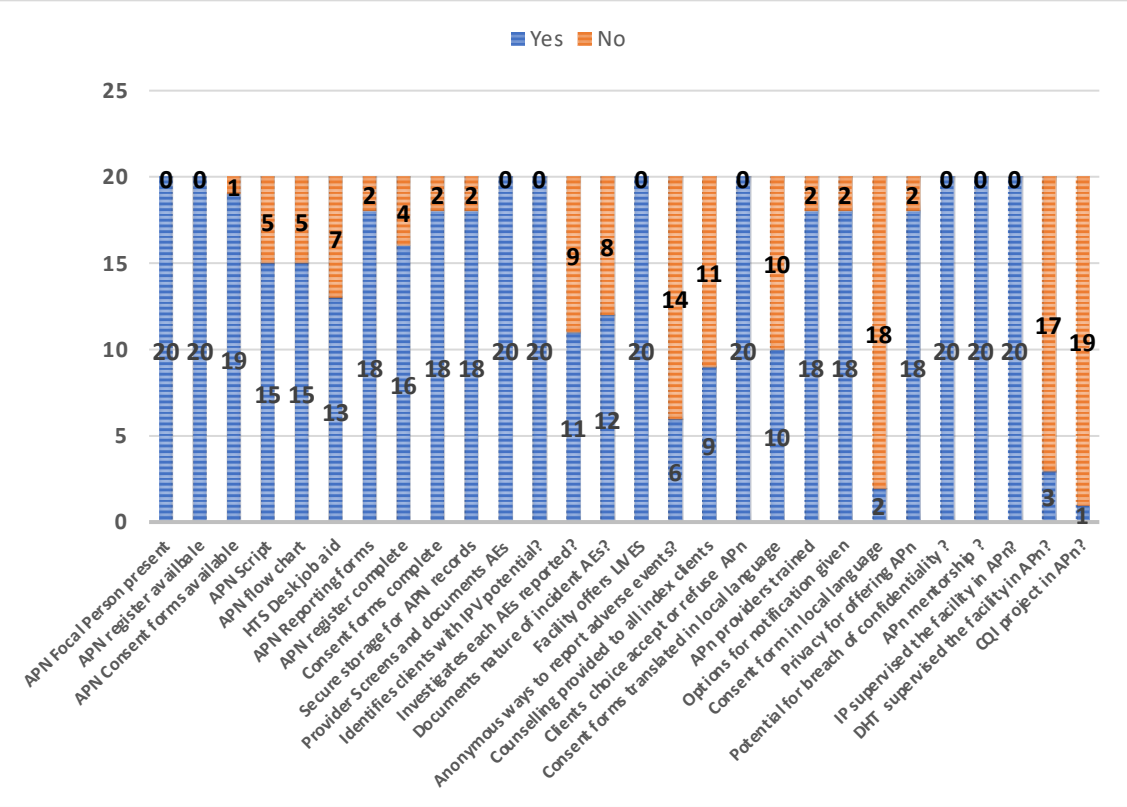
Bwoba olina ebibuuzo byonna ebikwaata ku nkola eno nsaba obuuze nange njakkola kyonna ekisoboka okubyanukula.

Nsaba oteekeko omukono/ ekinkumu okulaga okukkiriza kwo okwetaba mu nkola eno.

Erinnya_____ _omukono_____ennaku z'omwezi____

Erinnya ly'omusawo_____ _omukono_____ennaku z'omwezi_____

Methods-Why a system was set up? What gap did it intend to address? How was the system set up? Who were the stakeholders and their roles: What data systems are in place to track performance?



At baseline assessment in July 2020

50% of the facilities assessed failed the assessment

This validated the civil society complaints that there was a problem

Most failed questions from the 1050 assessments

QN	%Fail	No. Fails	No. Passes	Qn. Detail
S1 Q7F	5.2%	55	995	Does your site/facility have an SOP for identifying, investigating, and responding to adverse events directly related to index testing?
S1 Q5C	5.1%	54	996	Does the site/facility have an SOP for how to ensure the safety of clients with an identified IPV risk (based on IPV screening tool)?
S1 Q6D	4.3%	45	1005	Does the site/facility have a plan to regularly observe and mentor counselor providing index testing services?
S1 Q7A	4.2%	44	1006	Have all index testing providers received training on adverse event monitoring, reporting and response?
S1 Q3D	4.1%	43	1007	Does the site/facility have confidentiality protections in place for sharing the names and contact information of partner(s) and child(ren) with other employees, organizations or community health workers?
S1 Q5E	4.1%	43	1007	Do counselors have a list of supportive services for clients experiencing violence or other social harms that are PLHIV and KP friendly?

AS end of 2020, 1050 facilities (88%) were assessed: 91% passed

Region	Expected #Fac to be assessed	#Fac. Not assessed	%Not assessed	#Fac. Assessed	% Assessed	Pass	%Pass	Fail	%Fail
Karamoja	3	0	0%	3	100%	2	67%	1	33%
Acholi	80	1	1%	79	99%	66	84%	13	16%
North Central	182	4	2%	178	98%	166	93%	12	7%
Busoga	89	3	3%	86	97%	82	95%	4	5%
South Central	174	6	3%	168	97%	163	97%	5	3%
Lango	68	7	10%	61	90%	54	89%	7	11%
Bugisu	67	7	10%	60	90%	42	70%	18	30%
Kampala	38	4	11%	34	89%	27	79%	7	21%
West Nile	65	9	14%	56	86%	52	93%	4	7%
Ankole	64	11	17%	53	83%	53	100%	0	0%
Tooro	142	29	20%	113	80%	112	99%	1	1%
Teso	85	18	21%	67	79%	51	76%	16	24%
Kigezi	42	9	21%	33	79%	33	100%	0	0%
Bukedi	48	11	23%	37	77%	27	73%	10	27%
URC-UPDF	40	18	45%	22	55%	22	100%	0	0%
Grand Total	**1187**	**137**	**12%**	**1050**	**88%**	**952**	**91%**	**98**	**9%**

Status Update on HTS Index Testing Annual Assessments By Region-May 2022

Region	Total Assessed	Passed	Failed	Pass Rate	Failure Rate
Acholi	64	59	5	92.2%	7.8%
Ankole	83	79	4	95.2%	4.8%
Bukedi	3	2	1	66.7%	33.3%
Bunyoro	90	88	2	97.8%	2.2%
Busoga	32	27	5	84.4%	15.6%
Kampala	32	31	1	96.9%	3.1%
Karamoja	3	3	0	100.0%	0.0%
Kigezi	40	36	4	90.0%	10.0%
Lango	60	60	0	100.0%	0.0%
North Central	191	188	3	98.4%	1.6%
South Central	74	73	1	98.6%	1.4%
Tooro	107	106	1	99.1%	0.9%
West Nile	87	67	20	77.0%	23.0%
National Total	866	819	47	94.5%	5.5%

Status Update on HTS Index Testing Annual Assessments By Region

Region	Total Assessed	Passed	Failed	Pass Rate	Failure Rate
Karamoja	18	18	0	100.0%	0.0%
Teso	26	26	0	100.0%	0.0%
West Nile	101	101	0	100.0%	0.0%
Tooro	111	110	1	99.1%	0.9%
North Central	199	196	3	98.5%	1.5%
South Central	146	143	3	97.9%	2.1%
Kampala	35	34	1	97.1%	2.9%
Bunyoro	93	90	3	96.8%	3.2%
Ankole	116	112	4	96.6%	3.4%
Bukedi	48	45	3	93.8%	6.3%
Lango	63	59	4	93.7%	6.3%
Busoga	80	74	6	92.5%	7.5%
Bugisu	53	49	4	92.5%	7.5%
Acholi	65	60	5	92.3%	7.7%
Kigezi	43	39	4	90.7%	9.3%
National Total	1,197	1,156	41	96.6%	3.4%

Results from evaluation of the APN program (July 2022)

- 99% of all clients provided written consent prior to service delivery
- 98% of clients freely named their partners (without being coerced); 88% named all, 12% named some.
- Of the 5,794 partners listed, 88% were notified and 92% tested for HIV and improvement from 71% before the accreditation program
- Provider notification (48%) was the most common form of notification, followed by self-notification (30%)

Lessons learned and recommendations

Uganda successfully set up the ICT assessment and accreditation system in a record 2months; toolkit development, task force set up, training, data base set up

Improvement from 50% baseline in July 2020 to 91% in December 2020, 94% by May 2021 and 96% by October 2022

Setting up accreditation systems requires stakeholder engagement and defined distinct roles, adopting members from the existing HTS TWG facilitates this process smoothly

Targeted technical support rapidly improves performance quality

A national data base for real time management and monitoring is key for any accreditation process

Programs can set up their own accreditation systems customized to their local administrative settings, policy frameworks and epidemic contexts

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Thank you!