CONTENTS

Foreword ........................................................................................................................................... 3
Funding and Disclaimer ..................................................................................................................... 3
Proposed Citation ................................................................................................................................. 3
About NASTAD .................................................................................................................................... 3
Acronyms .............................................................................................................................................. 4
Introduction ........................................................................................................................................ 5
Purpose ................................................................................................................................................ 5
Background ......................................................................................................................................... 5
Procedure ............................................................................................................................................. 6
Prioritization for Partner Services ....................................................................................................... 7
Detailed Procedures for Partner Services ............................................................................................ 7
Case Closure and Documentation ........................................................................................................ 10
Confidentiality and Security of Partner Services Data ......................................................................... 11
Monitoring Partner Services Data ........................................................................................................ 12
Index Patient Cascade: ......................................................................................................................... 12
Partners Cascade: ................................................................................................................................. 12
References ............................................................................................................................................ 13
Appendices .......................................................................................................................................... 13
Appendix A: Index Patient Information Form ................................................................................... 14
Appendix B: Index Patient PS Scripts ................................................................................................. 16
Appendix C: Partner Information Form ............................................................................................... 18
Appendix D: Intimate Partner Violence Screening Form ................................................................. 19
Appendix E: Partner Notification Scripts ............................................................................................ 20
Appendix F: Partner Testing Referral ................................................................................................. 22
FOREWORD

According to Ministry of Public Health and Population (MSPP) guidelines, it is imperative that health practitioners encourage HIV patients to share their status with their partners and to refer them for testing. Therefore, in July 2017, NASTAD (the National Alliance of State and Territorial AIDS Directors), in collaboration with the Centers for Disease Control and Prevention (CDC) - Haiti, and MSPP-PNLS, and with support from Solutions S.A. and I-TECH, launched a pilot of the Partner Services (PS) project in 20 sites in Haiti.

Partner Services are a comprehensive array of services offered to persons infected with HIV, their sexual and drug using partners, and their social contacts. A critical function of PS is partner notification, a process through which index patients are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure to HIV and potential risk. In Haiti, PS leverages the existing HIV case-based surveillance system to identify patients that are prioritized for the service.

This document was developed for the pilot. Subsequently, the standard operating procedure was revised—based on pilot facilities’ experience—to be used for national expansion.

Funding and Disclaimer

This publication was supported by the cooperative agreement number 1U2GGH001525, from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

Proposed Citation


About NASTAD

NASTAD is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. and around the world. Our singular mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions. We do this work by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

www.NASTAD.org
ACRONYMS
MSPP ................................................................. Ministère de la Santé Publique et de la Population
CDC............................................................... Centers for Disease Control and Prevention
PEPFAR ....................................................... U.S. President’s Emergency Plan for AIDS Relief
PS................................................................. Partner Services
VCT ................................................................. Voluntary Counseling and Testing
EMR ............................................................. Electronic medical record
IPV ................................................................. Intimate partner violence
STI ................................................................. Sexually transmitted infection
HIV ............................................................... Human Immunodeficiency Virus
MSM ............................................................. Men who have sex with men
INTRODUCTION

Purpose

This document describes standard procedures for Partner Services in Haiti. Public health partners including the Ministry of Public Health and Population (MSPP), CDC PEPFAR HIV testing and treatment site staff and community HIV testing service providers are intended as the primary users.

Background

Partner Services (PS) are a comprehensive array of services offered to persons infected with HIV and their sexual and drug using partners. A critical function of PS is partner notification, a process through which index patients (i.e., infected persons who are candidates for partner notification services) are interviewed to elicit information about their partners (sexual, drug-using, and social contact), who can then be confidentially notified of their possible exposure to HIV and potential risk. Partner notification services are voluntary, at the discretion of the index patient, and are provided confidentially, at no cost, and in a patient-centered framework for the index patient and his/her partners. Partners of index patients should be notified of their potential exposure as soon as possible using a specified notification strategy. Voluntary assisted partner notification, which includes provider, contract, and dual referral, are recommended to leverage the efforts of health workers and index patients to notify a maximum number of partners.

Table 1: Partner Services Notification Strategies

<table>
<thead>
<tr>
<th>Patient Referral</th>
<th>The index patient takes responsibility for disclosing their HIV status to partner(s) and encouraging partner(s) to seek HIV testing services. This is often done using an invitation letter or referral slip.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Referral</td>
<td>Partner services provider confidentially notifies a partner of possible exposure and offers HIV testing and STI treatment.</td>
</tr>
<tr>
<td>Contract Referral</td>
<td>Index patient identifies partner to notify of possible exposure and agrees to do so within a specific time frame, with the understanding that if notification does not occur within the designated time frame, the partner services provider will notify the partner and offer HIV testing and STI treatment.</td>
</tr>
<tr>
<td>Dual Referral</td>
<td>Index patient, together with a provider notifies a partner of possible exposure and offers HIV testing and STI treatment.</td>
</tr>
</tbody>
</table>
PROCEDURE

Partner services are delivered through comprehensive procedures by trained health facility staff. These are presented in a graphic overview (Figure 1), and a detailed narrative, below.

Figure 1: Overview of Site-level Workflow for Partner Services

- **New Diagnosis**
- **Previous Diagnosis**

**Partner Services triggered by:**
- **Positive HIV test**
- **Search EMR data for patients meeting prioritization criteria*, or referred by clinician**

**Partner Services Focal point:**
- **VCT Counselor or Community Nurse**
- **Social Worker or Community Nurse**

- **PS focal point conducts or schedules Index Patient Interview, including contact referral plans**
- **CHW encourages the contacts to benefit from the HTS. HIV+ contacts are offered PS.**
- **CHW reaches out to the assigned contacts**
- **PS focal point assigns contact referral cases to CHW (for visits)**

*Prioritization criteria defined later in SOP*
Prioritization for Partner Services

Patient categories prioritized for Partner Services include:

1. New HIV diagnoses
2. Patients with an elevated viral load or low CD4 result in the last six months (to be defined using local parameters)
3. Patients with partners who are pregnant or breastfeeding
4. Patients who are pregnant or breastfeeding
5. Key populations (MSM, sex workers, prisoners)
6. Patients with new partners
7. Patients on treatment for 12 months or more, to be expanded as pool is exhausted.

Patients meeting one or more of these eligibility criteria at any point in time will be referred to Partner Services. Patients will be identified as eligible through monthly queries of EMR, direct referral after a positive test, or referral by a clinician. Health providers will escort patients to the designated focal points (see Figure 1) to perform Partner Services. Any partners of index patients who test positive will be referred to the Partner Services focal point, and become a new index patient.

Detailed Procedures for Partner Services

The designated health worker/focal point (See Figure 1) will interview the patient, based on their diagnosis status (new or existing). During the interview, they will complete the Index Patient Information Form (Appendix A) on the PS electronic platform, using established scripts (Appendix B).

1. **Specifics for new cases**, any patient electing NOT to participate in Partner Services at the time of diagnosis should also be offered Partner Services when they enroll in HIV care.

2. **Specifics for existing cases**, once patients appear on the eligible list, the social worker will get in touch with the clinical team in order to determine the timing and the appropriateness of intervention: at the next medical appointment, by phone or through a visit. The initial interview should be held within 14 days of determining the patient is eligible.

3. Health workers should confirm that all PS patients have biometric data on file and collect it if not available. Data should then be verified to determine if patients are truly new diagnoses.

4. Following this step, patients should be given the opportunity to consent to PS services.
Index Patient Interview

Once the index patient interview starts, it will take the following approach:

<table>
<thead>
<tr>
<th>I. Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Introduce yourself</td>
</tr>
<tr>
<td>b. State purpose/role</td>
</tr>
<tr>
<td>c. Explain confidentiality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Patient Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient Concerns</td>
</tr>
<tr>
<td>b. Social History</td>
</tr>
<tr>
<td>c. Medical History</td>
</tr>
<tr>
<td>d. Disease Comprehension</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Disease Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Partner Elicitation</td>
</tr>
<tr>
<td>b. Intimate Partner Violence Screening</td>
</tr>
<tr>
<td>c. Partner Notification Plan</td>
</tr>
<tr>
<td>d. Risk Reduction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Conclusion and Summary</th>
</tr>
</thead>
</table>

Health workers, during Index Patient Interview, elicit the index patients’ sex and needle-sharing (or other exposures such as sharps) partners’ names and locating information, assess risk for intimate partner violence (IPV), and establish a partner notification plan with the index patient. The Partner Information Form (Appendix C) is completed during this step.

**Partner elicitation:**

Health worker will document named partners, their exposure type, locating information and physical description.

**IPV assessment:**

Health worker and index patient review each named partner and assess risk using the Intimate Partner Violence Screening Form (Appendix D), which asks 3 questions:

1. Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?
2. Has [partner’s name] ever threatened to hurt you?
3. Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?

If the index patient answers “yes” to any of the screening questions, a specific approach should be used to provide partner services to this partner. If the index Patient feels that they will not be safe if the partner is contacted, explore other approaches, such as:

- Having partner receive community HIV testing available in the area where the partner lives.
• Couple or family HIV testing, where both partners (or all family members) learn their status together and a counselor is available to mediate any potential tensions.
• Refer the index patient to IPV services where they are available.

**Partner notification plan:**

• Explain the importance of notifying partners of exposure and reaffirm confidentiality of patient and partner information.
• Review notification options: assisted notification via Patient referral, contract referral, provider referral, or dual referral (Table 1). Convey to index patient importance of notification and effectiveness of assisted notification services. Ask patient to select option for each partner and document in notification plan. Review used for partner notification if index Patient has questions or concerns about their confidentiality.

**Patient Interview Follow-Up**

The designated health worker at each site will assign partner contacts to community health workers through the electronic PS platform. This health worker is also responsible for following up with the community health workers on cases in their queues, as well as close out of cases.

Partner contact will be prioritized based on their disease status, and other factors:

1. **First priority:** new HIV diagnoses, pregnant and breastfeeding patients, HIV-positive males with pregnant or breastfeeding partners, and immunologically advanced patients.
2. **Second priority:** sexual or drug sharing partners or social contacts of key populations (MSM, sex workers, transgender persons)
3. **Third priority:** established HIV patients

**Field Investigation**

• Community health workers prepare for field investigations, review the index patient information, and reviews field investigation plan with supervisor. Partners should be notified of exposure as soon as possible, ideally within 5 working days of the Index Patient Interview.

• Health worker conducts field investigation, following the Notification Action Steps:

```
I. Identify patient & introduce yourself
II. Assure private setting
III. Provide notification and process reaction
IV. Secure appointment for medical evaluation & treatment
V. Assess need for referral and linkages to care
VI. Engage in behavior change & risk reduction counseling
VII. Provide contact information after addressing questions and leave immediately
```
• Health workers will utilize the Partner Notification Scripts (Appendix E) to conduct the notification. Communication with partners follows strict procedures to ensure confidentiality.

• Health workers offer HIV testing services at the time of notification. HIV testing is performed at a health facility or in the field. The health worker will create a plan with the partner to access HIV testing services, based on available community HIV testing services and partner’s preferences.
  o Partners and other household members receive HIV testing performed by the Partner Services staff in their home or the community (preferred).
  o Partners are escorted by the community health worker to the local facility-based HIV testing clinic (secondary).
  o Partners receive a Partner Testing Referral (Appendix F) to present for HIV testing at the local health facility (last resort).

• Community health workers verify with health facilities that partners received HIV testing and their test result.

• Results from tests performed by community-based HIV testing can be documented on the Partner Services tablet application once the staff person is in a secure setting.

• Results from tests performed by local facility-based HIV testing clinic (via escorted referral or use of referral slip) can be documented by Partner Services health worker on the online PS platform.

• Partners testing HIV-positive are now index patients and offered partner services and are linked to HIV treatment services.

CASE CLOSURE AND DOCUMENTATION

Health workers will close partner services case investigations, document all activities electronically in the Partner Information Form, and submit it to the Health Facility (or Community HIV Testing Services) partner services supervisor.

A case investigation is closed when one or more of the following conditions are met and noted in the desktop or tablet version of the PS data system:

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Interpretation</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Index Patient Located, Interviewed, and at least 1 partner elicited</td>
<td>You found the patient, talked to them, helped engage them in medical care, <strong>elicted and interviewed partner(s)</strong>.</td>
<td>Successful Intervention!</td>
</tr>
<tr>
<td>2. Index Patient located, interviewed, and partners located, but refused to meet and be interviewed</td>
<td>You found the patient, talked to them, helped engage them in medical care, and elicited partners. You located partner(s) but <strong>partner(s) refused to be interviewed</strong>.</td>
<td>Successful Intervention!</td>
</tr>
</tbody>
</table>
3. **Index Patient Refused Interview**  
   You found the patient, offered to help them engage in medical care, and discuss partners and **the index patient refused all assistance.**  
   **Refused Partner Services**

4. **Index Patient determined to live out of jurisdiction in another health district**  
   You found address information on the patient that suggests they’re living in another health district, **out of your jurisdiction.**  
   **Out of Jurisdiction**

5. **Index Patient determined to live out of jurisdiction in another country**  
   You found address information on the patient that suggests they’re living in another Country, **out of your jurisdiction.**  
   **Out of Jurisdiction**

6. **Unable to locate index case**  
   You tried every avenue to find the patient and were still **unable to get any good contact information to initiate or locate the case.**  
   **Unable to Locate**

7. **Other Specified Reason**  
   **None of the above** dispositions is appropriate; you documented **very clearly in the worker comments the circumstances of the case**  
   **Other Expect QA Follow-up!**

**CONFIDENTIALITY AND SECURITY OF PARTNER SERVICES DATA**

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

- When notifying partner and social contacts of exposure, we never reveal the identity of the index patient, and we never convey information about partners back to the index patient.

- Partner services supervisors are responsible for retaining in a secure location all paper and electronic Partner Services Case Investigation Forms, Tracking Tool, and any other sensitive partner services related documents at the health facility for at least one year following case closure.

- Breaches in confidentiality and data security must be reported to the partner service supervisor immediately.

- Real or perceived breaches can endanger persons being served who might face discrimination, social isolation, loss of social or financial support. Such breaches can also result in barriers to accessing housing, employment, and various social and medical services. They can also lead to physical or emotional abuse.

- Breaches can undermine community trust in and access to important public health programs and services.
MONITORING PARTNER SERVICES DATA

Data on key variables from Partner Services will be monitored to track and document activities with the index patients and the partners, as well as monitor the performance of the system.

The following are variables that are part of a cascade established for each level: the index patients and the partners.

**Index Patient Cascade:**

- # of Eligible Patients
- # of Eligible patients offered PS (at the clinic, over the phone, through visits)
- Outcomes of contacts
  - # Patients contacted accepting Partner Service Interview
  - # Patients contacted refusing PS Interview
- # of eligible patients that provided list of contacts
- # of partners Listed

Also monitor sub-cascades by eligibility category (new diagnosis, pregnant, new partner, etc.) or other relevant patient distinctions.

**Partners Cascade:**

- # of partners listed that are contacted by CHW
- Mode of contact (phone, visit)
- If visit conducted, status of visit: present, accept visit, refuse, absent, absent with correct address, moved out, and wrong address
- # of partners that were notified (use final party completing notification) by:
  - Patient
  - Provider
  - Dual
- # of partners that took interview
- Location of interview
- # of Partners who knew their status before contacts by PS service (known HIV+, already on treatment)
- # of partners tested HIV +
- # of positive partners with at least one clinical visit
- # of partners put on treatment following program interventions
REFERENCES

1. Centers for Disease Control and Prevention. Learn Partner Services online training. 
2. World Health Organization. Guidelines on HIV self-testing and partner notification: 
   Supplement to consolidated guidelines on HIV testing services. WHO, 2016.

APPENDICES

A. Index Patient Information Form
B. Index Patient PS Scripts
C. Partner Information Form
D. Intimate Partner Violence Screening Form
E. Partner Notification Scripts
F. Partner Testing Referral
## Appendix A: Index Patient Information Form

### Index Client Information Form

Date form completed: _____/_____/__________

dd       mm          yyyy

Name of Person Completing Form: ____________________________________________

Name of Health Facility or HIV Testing Site: __________________________________

### INFORMATION ABOUT THE INDEX CLIENT

<table>
<thead>
<tr>
<th>Index Client’s Name:</th>
<th>____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB/Age: _______</td>
<td>Gender: □ Male □ Female □ Transgender</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>□ Single □ Married/cohabitating □ Divorced □ Widow/er □ Unknown</td>
</tr>
<tr>
<td></td>
<td>□ Not Applicable (if index client is a child &lt;12 years)</td>
</tr>
<tr>
<td>Pregnant: □ Yes □ No □ Unknown</td>
<td>If yes, number of weeks/expected date of delivery: ________</td>
</tr>
<tr>
<td>Client’s Cell Phone Number:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Ok to SMS: □ Yes □ No</td>
<td>OK to call: □ Yes □ No</td>
</tr>
<tr>
<td>Leave message: □ Yes □ No</td>
<td>Use discretion: □ Yes □ No</td>
</tr>
<tr>
<td>Alternative contact number (if available):</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Address (including any landmarks):</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>City:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Commune:</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

Is the index client currently enrolled in an HIV treatment program? □ Yes □ No

If yes, list the index client’s ART (enrollment) ST code number: ________________________________

New HIV diagnosis: □ Yes □ No Diagnosis Date: ________________________________

PLWHA New Risk Identified: □ Yes □ No New Risk: □ New Partner □ Male/male sex □ Selling or buying sex □ Injection drug use □ Pregnancy □ Sex without condoms
Discussion of Partners
Last 12 months (Y=Yes; N=No, R=Refused)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sex with male
Sex with female
Sex with transgender
Sex without condom
Sex for money, goods or services
Sex with person known to be HIV+
Experienced sexual assault

Places met partners (list web sites, if applicable):

Places had sex:

If no partners were elicited, what was the reason:

Case closure code:          Notes:
Supervisor Name:            Notes:

<table>
<thead>
<tr>
<th>List names(s) and (nicknames) of partners (Tick □ if name is unknown)</th>
<th>Phone Number</th>
<th>Alternative Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>2) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>3) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>4) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>5) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>6) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>7) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>8) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>9) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>10) □</td>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>
Appendix B: Index Patient PS Scripts

Talking Points for Introducing Partner Services to Index Patients

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 transmit HIV to other sex partners and/or children.
- **HIV-negative partners** can access HIV prevention services to help them remain HIV-negative, including condoms and pre-exposure prophylaxis (PrEP).
- **Female partners who are pregnant or breastfeeding** should be tested to prevent transmitting HIV to their baby if they are infected.

Inform the index client that:

- The clinic is offering Partner Services to assist the client to contact their partners so they 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 and contact information 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 children who may need an HIV test.

Inform the client that there are 4 options for contacting their partners:

1. **Client referral**: Client contacts partners to let them know they should be tested for HIV;
2. **Contract referral**: Client contacts partners within a certain time period, after which the provider will offer assistance if the partner hasn’t been tested;
3. **Provider referral**: The healthcare provider contacts the partners directly, without telling them the client’s name.
4. **Dual referral**: Index patient, together with a provider notifies a partner of possible exposure and offers HIV testing and STI treatment.

- If the client chooses option (2), they will have 4 weeks to bring in or refer their partner for HTS. If the partner does not come in after 4 weeks, the provider will contact the index client for permission to contact the partner. Review the Tips and Scripts points below with the client.

Inform the index client of the confidentiality of the service:

- 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 their partner(s) tested for HIV.
- You will NOT contact the partner without first contacting them to get their permission.
- They will continue to receive the same level of care at this health facility regardless of whether they participate in partner notification services.
- Answer any questions that the index client might have and obtain verbal consent to continue.
- Use the **Index Client Form** to record contact information for the index client.
Tips and Scripts for Telling Your Partner about Your HIV

Make a Plan:

- Many people are afraid of telling their partner that they have HIV. It is helpful to make a plan for how and when you will tell your partner.
- Think about how you would like to be told if your partner was disclosing to you.
- Choose a day and a time when you and your partner will have time to talk.
- You also want to pick a time when your partner is not stressed or angry and has not been drinking alcohol.
- Pick a private place where you feel comfortable and safe. You may want to have someone in the next room to help and support you, if needed.

Start the Conversation:

- “I have something important to tell you. I went to the doctor the other day and I learned I have HIV. I wanted you to know so that you could also get an HIV test. There are medications now for treating HIV that can help us live a long time.”
- “HIV is very common in our community. I decided to go for an HIV test. It turns out that I am HIV-positive. I already started on treatment. I think it is important that you also get tested for HIV so you can know your HIV status.”

Anticipate Reactions:

- Think about how your partner may react. Your partner may:
  - Offer you support or comfort you
  - Not believe it’s true
  - Feel confused or sad
  - Feel angry
- Think about how you will respond to these reactions.
- What questions may your partner ask you? How will you answer these questions?

Encourage Your Partner to Get Tested for HIV:

- Give your partner the Referral Slip
- Tell your partner that it is important they get tested for HIV. If they are HIV-positive, they can take medication to treat their HIV. These medicines will help them live a long life and reduce the chance they will pass HIV onto others. If they are HIV-negative, there are things they can do to help them remain negative like use condoms or get circumcised (if they are male).

Practice First!

- Practice what you will say and do ahead of time. You can do that now with your health care provider or later by yourself in your home. This will help you feel comfortable on the day you actually tell your partner.
Appendix C: Partner Information Form

<table>
<thead>
<tr>
<th>Partner Information Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One Form per Partner</strong></td>
</tr>
<tr>
<td><strong>Partner’s Name:</strong> ____________________________________________</td>
</tr>
<tr>
<td><strong>Partner’s Nickname:</strong> ____________________________________________</td>
</tr>
<tr>
<td><strong>Partner’s Age:</strong> ______ yrs. <strong>Partner’s Gender:</strong> □ Male □ Female □ Transgender</td>
</tr>
<tr>
<td><strong>Partner physical description:</strong> height: __________ weight/build: __________</td>
</tr>
<tr>
<td>identifying marks: __________ other information: __________</td>
</tr>
<tr>
<td><strong>Partner’s Phone Number (1):</strong> __________ <strong>Phone Number (2):</strong> __________</td>
</tr>
<tr>
<td><strong>Partner’s Address (including landmarks):</strong> ____________________________</td>
</tr>
<tr>
<td><strong>How would you describe your relationship to this partner?</strong></td>
</tr>
<tr>
<td>□ My wife/husband/fiancée □ We live together but are not married □ My girlfriend/boyfriend</td>
</tr>
<tr>
<td>□ Someone I had sex with for fun □ Someone who pays me or gives me things for sex</td>
</tr>
<tr>
<td>□ Someone I paid to have sex with</td>
</tr>
<tr>
<td><strong>Do you currently live with this partner?</strong> □ Yes □ No</td>
</tr>
<tr>
<td><strong>Intimate Partner Violence:</strong> □ Yes to any □ No to all</td>
</tr>
<tr>
<td><strong>Date of Last Exposure:</strong> ______________ <strong>Priority for contacting:</strong> □ 1 □ 2 □ 3</td>
</tr>
<tr>
<td><strong>Has this partner ever tested positive for HIV?</strong> □ Yes □ No □ Don’t know □ Declines to answer</td>
</tr>
<tr>
<td><strong>If known HIV positive, currently on ART?</strong> □ Yes □ No □ Don’t know □ Declines to answer</td>
</tr>
<tr>
<td><strong>Notification Plan:</strong> □ Provider Referral □ Contract Referral □ Dual Referral □ Known Positive</td>
</tr>
<tr>
<td>□ No notification (IPV+)</td>
</tr>
<tr>
<td><strong>Partner Outcome</strong></td>
</tr>
<tr>
<td><strong>Contacted:</strong> □ Yes □ No <strong>Method of Contact:</strong> □ Phone □ Home visit</td>
</tr>
<tr>
<td><strong>Interview date:</strong> __________ <strong>if Refused, Reason:</strong> □ Known HIV+ □ Out of jurisdiction □ Other</td>
</tr>
<tr>
<td><strong>Interview location:</strong> □ Facility □ Field □ Phone □ Other</td>
</tr>
<tr>
<td><strong>Tested for HIV:</strong> □ Yes □ No <strong>Location of test:</strong> □ Field □ Escorted to Facility □ Referred</td>
</tr>
<tr>
<td><strong>Test result:</strong> □ Positive □ Negative <strong>If Positive, linked to care?</strong> □ Yes □ No</td>
</tr>
<tr>
<td><strong>If Positive, referred to PS as index client?</strong> □ Yes □ No</td>
</tr>
</tbody>
</table>
Appendix D: Intimate Partner Violence Screening Form

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV)

Because your safety is very important to us, we ask all clients the following questions:

1. Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?
   □ Yes    □ No

2. Has [partner’s name] ever threatened to hurt you?
   □ Yes    □ No

3. Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?
   □ Yes    □ No
Appendix E: Partner Notification Scripts

Partner Services Job Aid: Partner Notification Script

1. Voice Mail
Good day. My name is ___________________________ and I am a counsellor/health care provider at [Facility Name]. I am trying to reach [Partner’s name] with some important health information. My phone number is XXX-XXX-XXXX. I will also try back later. Thank you and good bye.

2. 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 #. Thank you.
- The information is confidential, but I can tell you more when you call. Please call me at #.

3. 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]: 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]:

[For HIV exposure]: 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 we recently learned 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? 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.

4. 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 or 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]:

[For HIV exposure]: My job to talk with people who have been exposed to HIV and other infections. Everything we talk about is private. I am here because we recently learned 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.
Appendix F: Partner Testing Referral

SAMPLE REFERRAL SLIP

Date: ____________________

HIV and other infections are very common in our community. It is important that you come for an HIV test at ________________ so that you can learn your status. Also, you may need to be examined and treated for other infections transmitted through sex. Treatment is free of charge and will prevent serious illness.

Testing and treatment services are available Monday – Friday 8:30 in the morning until 5:00 in the evening.

We hope you will come to the clinic as soon as possible. Please bring this slip with you.

Signature of Health Care Provider: _____________________________________________

Stamp: