Partner Notification for HIV-infected Pregnant Women:
Intervention Procedures form a Randomized Controlled Trial in Lilongwe, Malawi

Prepared by:
Nora E. Rosenberg, PhD, MSPH
Assistant Professor
Department of Health Behavior/UNC Project-Malawi
University of North Carolina at Chapel Hill
Malawi: +265 (0)99 109 0676
US: 919-602-8499
Nora_Rosenberg@unc.edu
## Contents

Introduction and Overview........................................................................................................... 4  
Initial Visit—Supporting Partner Disclosure and Recruitment......................................................... 6  
  Initial visit procedures and script .................................................................................................. 7  
  Initial visit checklist ....................................................................................................................... 9  
  Invitation Card English ................................................................................................................ 10  
  Contract ....................................................................................................................................... 11  
Tracing Procedures.......................................................................................................................... 12  
  Tracing Procedures and Scripts .................................................................................................... 13  
  Tracing visit checklist .................................................................................................................... 15  
Couple Visit 1—Pregnancy Information and first couple visit .......................................................... 16  
  Pregnancy Information Script ....................................................................................................... 17  
  Pregnancy Information checklist ................................................................................................... 18
Introduction and Overview

In this document we include all intervention materials from a partner notification intervention that was conducted in Lilongwe, Malawi among HIV-infected pregnant women. In 2014, we conducted a randomized controlled trial to compare two different partner notification strategies among HIV-infected pregnant women in Malawi’s Option B+ program. The first strategy, “invitation only,” was a modified passive referral strategy, in which newly diagnosed HIV-infected pregnant women were given a written invitation to invite to their male partners to present to the antenatal clinic with them for family-focused health information. The second strategy, “invitation plus tracing,” was a modified contract referral strategy, in which women received the same invitation and also signed a contract permitting the clinic to contact one male sexual partner if he did not present within one week of the woman receiving the invitation. These strategies were compared for the proportion of women who returned to the clinic with a partner and accepted couple HIV testing and counseling (CHTC). CHTC was defined as a process in which each member of couple learned their own and their partner’s HIV status from a trained counselor.

The study was conducted in 2014 in a high-volume public antenatal clinic in Lilongwe, Malawi, in which 11% of pregnant women were HIV-infected. A HTC counselor provided individual HTC to each woman at her initial antenatal visit and pregnancy information and CHTC to the couple when they presented together. In the invitation plus tracing arm, a male community health worker contacted men who did not present together with their partners. They contacted them first by phone, and then in the community, if they could not be reached.

There were several unique features to this partner notification program. With traditional partner referral methods, the partner is informed of exposure to HIV, but the name of the HIV-infected index is not revealed. In our program, the partner was not informed of his exposure to HIV during the invitation process, but the name of the HIV-infected index was revealed. The purpose of this modification was to delay HIV status disclosure until the couple was at the clinic to diminish the possibility of intimate partner violence. Another unique feature of this program was that CHTC, rather than individual HTC, was offered, due to the greater benefits of CHTC on HIV prevention and care-seeking behaviors. A third modification was the focus on primary partners—nearly all partners were men who women were married to and living with and who they perceived to be the father of the current pregnancy.

In the invitation only arm 52% presented for CHTC and in the invitation plus tracing arm 74% presented (p=0.001). In addition, in the invitation plus tracing arm, more couples initiated safer sexual behaviors, had a male partner linked to care, and exhibited one-month female retention. There were no instances of intimate partner violence resulting from the study.

Based on in-depth interviews, a four major themes emerged:

1) A desire to protect the family
Women participated in order to protect the health of their families, especially their babies, by taking antiretroviral therapy. They believed this was not possible without male partner disclosure.

2) The importance of clinical outreach
Women found that the invitation, and at times the tracing, helped them with disclosure.

3) Male partner acceptance of HIV status
Most women described overall supportive reactions from partners:
4) **Strong relationships supported HIV management**

Most women and men described improvements in the relationship and jointly coping with how HIV had affected their family: “Now it is like each one of us is responsible for the other’s life” *(couple 8, female).*

More detailed discussions of the intervention and its effects can be found at:


In this document, we provide scripts for implementing staff to replicate key messages, checklists to remind staff which topics to address, and the invitations given to patients. The purpose is to provide materials that can be replicated by NGOs, governments, or other implementers. Please feel free to reach out to the Principal Investigator, Nora Rosenberg for more information. [Nora_Rosenberg@unc.edu](mailto:Nora_Rosenberg@unc.edu)
Initial Visit—Supporting Partner Disclosure and Recruitment

Mutual awareness of HIV status is the foundation of the intervention. Some women come to their first antenatal visit with their partners, and some women have already tested positive for HIV, and disclosed this to their partners. But the majority of women who test HIV-positive at their first antenatal visit have not disclosed their HIV-positive status to her sexual partners. Similarly, the male partners of these women may not know their current HIV status, may not have disclosed their status to their female partners, and may not be engaged in care. The first goal is to encourage couple HIV testing and counseling—a process that supports each person to know their own and their partners’ HIV statuses and to support future HIV-decision making.

Through the intervention, we will help women invite their partners to the clinic by offering them counseling on how to disclose their own HIV status (if desired), counseling on how to invite their partners to the clinic, and support with inviting partners to the clinic through phone and physical tracing.

Because we recognize that some women will not disclose their HIV status on their own, all invitation messages will remain pregnancy- or health-focused. The printed invitation, phone tracing messages, and physical tracing messages will all refer to “important pregnancy information.” HIV will explicitly not be mentioned until the couple comes to the clinic. The purpose of these procedures is to allow disclosure to happen through couple HIV testing and counseling, rather than before.

This section includes:

- Initial visit procedures and script
- Initial visit checklist
- Invitation card English
- Contract
Initial visit procedures and script

1. **Introducing the counseling visit**
   [This should occur after the woman has already learned her HIV status and received post-test counseling. Alternatively, it can be incorporated into post-test counseling.]
   - I am _______________________ and I work at the clinic. My job is to support women with inviting their partners to the clinic and, if they are interested, in disclosing their HIV status to their partner.
   - Do you have any questions before we begin?

2. **Presenting the Invitation**
   We would like you to help you invite your partner to the clinic to participate in couple HIV testing and counseling with you. We are giving you this invitation to take home with you to give to one sexual partner—usually this is for someone you consider your main sexual partner. The invitation says: “At Bwaila District Hospital we are providing family-focused services for pregnant women/mothers of newborns and their male partners. We ask you to accompany your partner to the antenatal clinic so that we can provide you with important health information.”
   - Is there a sexual partner you would like us to address this to? What is his name? I will write this on the invitation.
   - When do you think you might be able to come to the clinic? What day and time?
     - I will write this on the invitation.
     - If you are not available on that day, you can come at another time.
   We like to help women think about when, where and how they might present the invitation.
   - People generally like to give the invitation in a place that is private and at a time when their partner is calm. Can you think about a time and place to give the invitation?
   - What words do you think you might use?
   - How do you think he will react? [Counsel against providing the invitation if the woman believes her partner will react violently.]
   - Would you like to practice giving him the invitation? I can pretend to be your partner. [Allow client time to practice.]
   - Sometimes people find it easier to practice inviting first, like a sister or friend, and then have that person around for support. Is there someone you would like to have with you or nearby for support?

3. **Supporting Disclosure to the Partner**
   Some women like to disclose their HIV status to their partner by themselves, often when they give the invitation. Others prefer to have a counselor disclose their status through the couple HIV counseling and testing process. The invitation does not say anything about your HIV status or about HIV testing so you can decide whether you would like to disclose your HIV status to your partner on your own or whether you would like to wait for this to happen during couple HIV testing and counseling.
   - What do you see as some potential benefits of disclosing on your own? What are some risks? [Help the person to think through which option might be best. For those who are worried about a violent reaction, having the counselor disclose may be a better option.]
   - Which approach do you think you might choose?
   [If they would like to disclose on their own, you can say the following]:
   - Do you think you would like to share your HIV status before, after, or at the same time as you give the invitation? Can you think of a time and place to disclose your HIV status?
• Would words do you think you might use?
• How do you think he might react?
• Would you like to practice disclosing to him? I can pretend to be your partner.

4. Explaining Tracing Procedures
If you are not able to come to the clinic within approximately one week, we will begin to trace your partner. Remember when we do our tracing, we will not disclose your HIV status or discuss HIV testing and counseling. We will simply say that we would like you both to come to the clinic together for important pregnancy information.
• We will use the information that you provided on the locator form to guide our tracing procedures.
• Our first tracing attempt will be by phone if your partner has a phone.
• Our second tracing attempt will be in the community.

5. Ending the visit
This is the end of our visit today.
• What questions do you have for me now?
• I am available as a resource if you need me. Our phone number is on this card and if you flash me during clinic hours, I can call you back that day or soon after.
• There is also a phone number on here for our male tracers. If you or your partner flash them, one of them can call you back.
• We realize inviting a partner can be difficult. If you are unable to invite your partner, you are still welcome to come here. We will not be angry with you. We will simply offer additional support if you need it.
Initial visit checklist

Date (DD/MMM/YY) | ___ | ___ | / | ___ | ___ | / | ___ | ___ | Start time ___ ___:___ ___

Participant ID | ___ | ___ | ___ | ___ | ___ | ___ |

Staff ID | ___ | ___ | ___ |

1. Introducing the counseling visit
   - Intervention overview
   - Any questions

2. Presenting the Invitation
   - Invitation content
   - Potential day and time to come with partner? | ___ | ___ | / | ___ | ___ | / | ___ | ___ | DD/MMM/YY (Record in visit log)
   - Potential time and place?
   - Potential words?
   - Expected reaction?
   - Practice?
   - Support person?

3. Supporting Disclosure to the Partner
   - Benefits and risks of disclosure?
   - Whether they will disclose?
   - Timing and place of disclosure?
   - Potential words?
   - Expected reaction?
   - Practice?
   - Support person?

4. Explaining Tracing Procedures
   - Based on locator form preferences
   - First phone
   - Then community

5. Ending the visit
   - Questions?
   - We can provide additional support—contact information
   - Offer encouragement and support, even if they are unable to bring in a partner.

Please provide a brief description of the mood, content, and dynamics of the session, and notes for the next session:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

End time ___ ___:___ ___
Invitation

Dear ______________________________:

At Bwaila District Hospital we are providing family-focused services for pregnant women/mothers of newborns and their male partners. We ask you to accompany your partner to the antenatal clinic so that we can provide you with important pregnancy information.

Date: ___________________ Time: ____________
Room: ___________________ ID ______  ______  ______

You may come on another day (Mon to Fri)/time (7:30-3:00).
**Bring this card and you will be attended to right away.**

**Phone numbers:** XXXXXXXXXX
For contract notification participants:

I agree to invite my husband/male partner to the antenatal clinic for important health information in the next week. I understand that if I do not come to the clinic with this person in the next week, a health care worker will contact this person by phone and/or in person based on the locator information I have provided.

☐ Signature: ________________________________

☐ Thumbprint: __________________________
Tracing Procedures

If the couple does not present for couple HIV testing and counseling on their own, staff should support partner recruitment. Use the instructions that were provided by the female partner on the locator form to guide the tracing procedures. Make sure to respect the autonomy of the male partner to decline participation. We must remember to protect the privacy and confidentiality of both couple members. The tracing procedures must be accomplished without disclosing health or personal information to any additional community or family members. Additionally, the HIV and HIV testing status of the female partner should not be disclosed to the male partner.

At the initial visit, a locator form should have been filled out with name, partner’s physical appearance, physical locations, phone numbers, maps, directions, landmarks, and, if known, coordinates. The locator form should be consulted as a first step. We have two different ways for tracing partners—phone tracing and physical tracing. With phone tracing, the staff will make contact with the male partner by phone. With physical tracing, the staff will make contact with the male partner in the community—usually in the home, but occasionally at a workplace, school, or other location if indicated. Phone tracing will include Malawi-based phone numbers. Physical tracing will include locations within Lilongwe. It is strongly recommended that a male health or community worker is responsible for phone and community tracing.

This section includes:

- Tracing procedures and scripts in English
- Tracing procedures and scripts in Chichewa
- Tracing visit checklist
Tracing Procedures and Scripts

1. **Verify the identity of the participant, find a private place, and introduce yourself**
   - Whether for phone or physical tracing, the first step is to verify the identity of the person you are speaking with and ensure it is the partner you are trying to reach. Do not explain that you are a health care worker or explain the reason for your call or visit until this is verified. If you are going out into the community, drive in an unmarked vehicle and do not wear clothing that contains your organization or project name. Your goal is to blend in. However, you should carry your organization identification so you can verify who you are when the time comes.
   - Once you have found the person, ask if it might be possible to speak privately. If this is by phone, ask if this is an appropriate time to have a brief conversation. If not, you can take down information on when a better time to speak is.
   - Once you are in a private place with the correct person, explain who you are. Provide your identification if appropriate. You can state:
     
     My name is ______________ and I am a community/health care worker from Bwaila District Hospital. Do you have a few minutes to talk to me? This will only take a few minutes of your time.

2. **Explain reason for call or visit**
   
   You can then say:

   We are calling/visiting men in our area who have pregnant partners who presented to Bwaila District Hospital for antenatal care. Your partner ______________________[name] provided us with contact information. We are encouraging men in our area to come with their pregnant partners to the antenatal clinic for important health information.

   If the man asks for information about the nature of the visit, state following:

   - We will discuss important information about your partner’s pregnancy and how you can support her.

   You can mention that this information is about how couples can support one another during pregnancy to have a healthy pregnancy, delivery, and baby.

   DO NOT disclose any HIV information about the female partner.

   If the partner asks if he will be tested for HIV, you can mention that the clinic will offer him the opportunity to get tested for HIV, but it is not mandatory.

3. **Determine if participant is willing to come.**
   - Would you be willing to come to the clinic with your partner?
   - If useful, include the following talking points in your conversation:
     - Our clinic is male-friendly.
     - You will be seen right away.
     - This is an important way of showing support to female partners during pregnancy.

4. **Set target appointment date and time**
   
   When do you think you can come to the clinic?
• **What day of the week?**
• **What time?**
• Remind them that if another time is more convenient, it is ok to come then.

5. **End the visit**
• *Do you have any questions for me?*
• *Thanks for your time.*
Tracing visit checklist

Date (DD/MMM/YY) | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | Start time ___ ___:___ ___

Participant ID | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | Staff ID | ___ | ___ | ___ |

Type of encounter  
☐ Phone  
☐ Physical tracing

☐ 1. Verify the identity of the participant and ensure privacy
   • Verify the identity of the person
   • Find private place
   • Introduce yourself

☐ 2. Explain reason for call or visit
   • Important pregnancy information together
   • Do not initiate status discussion
   • If asked, indicate that they can decide if they want to be tested, but it’s not mandatory

☐ 3. Determine if participant is willing to come.

☐ 4. Set target appointment date: (DD/MMM/YY)

☐ 5. End the visit

Please provide a brief description of the mood, content, and dynamics of the session:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

End time ___ ___:___ ___
Couple Visit—Pregnancy Information and couple HIV counseling and testing

When the couple comes to the clinic, the first important area to address is pregnancy information. This describes several important recommendations for pregnancy, including the importance of couples testing for HIV together. After discussing this important pregnancy information, if the couple would like to get couple HIV testing and counseling, they may.
Pregnancy Information Script

1. Welcome the couple and conduct introductions
   Thank you for coming together to the clinic. I am ____________, a counselor at Bwaila. Do you want to introduce yourselves? [Listen for their names.]
   We are trying to share important pregnancy information with women and their male partners. Our goal is that male partners can support pregnant women to help promote healthy pregnancies and healthy babies.

2. Provide important pregnancy information
   Are there some things that you already know about being healthy during pregnancy?
   Allow the couple to share their existing knowledge. Gently correct any misinformation. If they do not mention the following, make sure to emphasize the issues below.
   - Eat nutritious foods and drink plenty of clean water. It is important to have enough food and a good variety of foods. Take the vitamins you received at the clinic. This will help you and your baby stay healthy and well-nourished.
   - Do not drink alcohol, smoke or use tobacco during pregnancy. This can harm the baby.
   - Try to get a good night sleep every night and rest when you need to. Sleep under an insecticide treated bed net to avoid getting malaria.
   - Come for all of your routine antenatal visits.
   - Seek medical attention if you experience:
     - Feeling very weak or tired
     - Vaginal bleeding
     - Swelling of the hands and face or bad headache and blurred eyesight
     - Strong abdominal pain
     - Fever
   - Give birth in a hospital. Plan together how you will get to the hospital, especially if you start going into labor at night. It is very risky to delivery at home.
   - Make sure to get tested for HIV and syphilis with your partner. This is important for determining your couple HIV status as a couple. This will help you get the necessary medical attention for both parents and the baby if one or both of you has HIV or an STI.

3. Encourage couple HIV testing and counseling and assess willingness to test
   We strongly encourage all couples to get these tests. Is this something that you would be willing to do today?
Pregnancy Information checklist

Date (DD/MMM/YY) |___|___|/|___|___|___|/|___|___| Start time ___ ___:___ ___

Participant ID |___|___|___|___|___| Staff ID |___|___|___|

○ 1. Welcome the couple

○ 2. Provide important pregnancy information
   a. Nutritious food and clean water
   b. Avoid alcohol and tobacco
   c. Sleep and rest and insecticide-treated bed net
   d. Come for all ANC visits
   e. Seek medical attention if very weak, vaginal bleeding, swelling, blurry eyesight, strong abdominal pain, fever
   f. Make a plan for giving birth in a hospital.
   g. Importance of couple HIV and syphilis testing.

○ 3. Encourage couple HIV testing and counseling and assess willingness to test

   HIV testing ○ 0 No ○ 1 Yes
   Syphilis testing ○ 0 No ○ 1 Yes

Please provide a brief description of the mood, content, and dynamics of the session:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Session End time ___ ___:___ ___
Couple HIV testing and counseling

We recommend following the country guidelines on couple HIV testing and counseling or using the following curriculum to train counselors.

https://www.cdc.gov/globalaids/resources/prevention/chct.html

In our intervention, Couple HIV Testing and Counseling was administered based on Malawi Ministry of Health Guidelines.