CHASS

Clinical & Community HIV & AIDS Services Strengthening

Implementation of Community Index Case Testing Approach

PROJECT OVERVIEW

Objectives: To contribute toward HIV/AIDS epidemic control in Mozambique, CHASS seeks to:

1. Increase coverage of anti-retroviral treatment (ART) to 90 percent.
2. Increase retention on ART to 80 percent and 70 percent at 12-month and 36-month follow-up, respectively.
3. Increase the average CD4 count at initiation of ART from 350 to 500 cells/mm^3.
4. Complete tuberculosis (TB) treatment for 90 percent of people living with HIV (PLHIV) diagnosed with TB.
5. Operationalize viral load testing.

Intermediate Results (IRs):

- IR1: Strengthened facility-based HIV services.
- IR2: Strengthened community-based HIV services.
- IR3: Strengthened referral and linkage systems between community and facility-based HIV services.

Start and End Dates: 2015–2019

BACKGROUND

The Clinical and Community HIV/AIDS Services Strengthening (CHASS) project, funded by the U.S. Agency for International Development (USAID), is designed to improve the quality, coverage and effectiveness of high-impact, evidence-based HIV/AIDS interventions in Manica, Niassa, Sofala, and Tete provinces. In order to achieve 90 percent ART coverage, CHASS is strategically emphasizing HIV counseling and testing (HTC) for populations and locations that are likely to yield high rates of HIV positivity. Therefore, the project has made intensive efforts to move the community HIV counseling and testing (C-HTC) modality away from mass campaigns and a "family-centered" approach to index case testing at the community level. The focus of this brief is to describe the project's approach and results in operationalizing community index case testing. Within CHASS, community index case testing focuses on offering HTC to the children and sexual partner(s) of an index case client.

APPROACH

To prepare for the systematic focus on community index case testing, the CHASS project developed guidelines, standard operating procedures (SOPs), and tools on implementing index case testing targeting. Separate community-level registers for

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index case and non-index case testing were introduced to facilitate the separation of these data and reduce the chances of misreporting data. Index cases are identified in the health facility (HF) and if the index client grants consent, then HF staff provide community counselors from community-based organizations (CBOs) the contact information for the index client's contact(s) (sexual partner(s)/children) so that the community counselor can offer HTC services to these contacts. Contacts who test positive then become new index cases for their networks which extend beyond the original index case. To support linkage into care, counselors continue to visit consenting individuals who are diagnosed with HIV until they are enrolled in care and treatment (C&T). This community index case testing approach is promoted in CHASS-supported HFs and is being implemented by all CHASS-supported CBOs across the four provinces.

Key efforts to shift C-HTC to index case testing include:

TRAINING OF COMMUNITY COUNSELORS: All community counselors must be certified in the Ministry of Health (MOH) approved curriculum. The training for counselors covers theoretical content for one week and the second week emphasizes practice. In this training CHASS included modules on the index case approach, covering communication techniques effective in reaching men, women, children, youth and vulnerable and key populations, as well as guidance on handling possible scenarios a counselor might encounter. Individuals from key populations (men who have sex with men) attended some of these trainings to sensitize CBO staff about respectful and effective HIV counseling. .

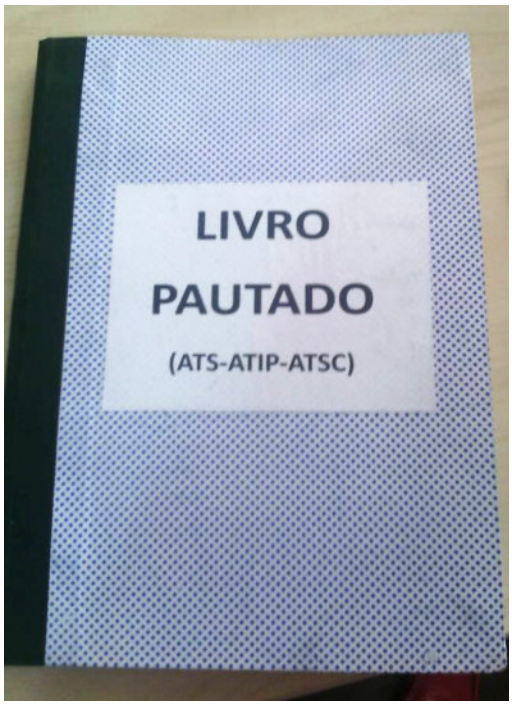

IMAGE 1. Photo of the *Livro Pautado* (ledger) used by HFs and community counselors to follow positive patients through to C&T.

TRACKING PERFORMANCE OF COUNSELORS: The CHASS project developed, piloted, and disseminated an innovative data monitoring system to track the performance of CHASS-supported CBO counselors. On a daily basis, CBO counselors report index case data to their CBO, which then complete an Excel-based reporting template and send to CHASS. Data points captured in the report include: number of index contacts assigned to the counselors, number of individuals the counselors tested using the index case approach, positivity rate, and whether newly diagnosed HIV-positive individuals have been linked to C&T at an HF. This performance monitoring system is used for capacity building and follow-up of individual counselors to improve overall results. CHASS helps the CBOs use this information to identify counselors who may be underperforming or inappropriately applying the index case testing approach.

FACILITATING LINKAGES TO CARE AND TREATMENT: After testing positive, community counselors are instructed to facilitate linkage of HIV-positive individuals to C&T. Community counselors visit consenting patients until they are linked to health services and continue to visit until they officially initiate treatment. Each province has developed ledgers for 1. HFs to follow positive patients through to C&T; and 2. community counselors to follow positive patients through to C&T.

RESULTS

Comparing the positivity yield across all testing entry points, CHASS data demonstrate that community index case testing provides the highest positivity yield (fiscal year 2017 (FY 17) quarter 1: 24 percent; quarter 2: 23 percent). Yield in index case testing varied by group, with 36 percent (1,326) of partners testing positive and 10 percent (308) of children of index cases testing positive in FY 17 quarter 2. Among partners, this was lower than expected, likely because of misclassification of people tested as partners of index cases when they were not; there was a learning curve for community counselors in learning to correctly fill-out index case monitoring tools. This low positivity yield among partners may also have been the result of index cases identifying only their most formal partner, even if this was not a person with whom they had frequent sex. It is important to highlight that 53 percent of those tested through index case approach were women (3,688) and 47 percent of those tested were children (3,234) in FY 17 quarter 2. While positivity yield was greatest in C-HTC index case testing, fewer people were identified through C-HTC because the number of people tested was smaller relative to other testing approaches. Given the intensive nature of C-HTC, this is not likely to change, but CBOs will be encouraged to continue to focus on index case testing, where yield is highest.

TABLE 1 *Testing Results by Entry Point in Quarter 1 and Quarter 2, FY 17*

ENTRY POINT	QUARTER 1			QUARTER 2		
	# tested	% positive	# positive	# tested	% positive	# positive
Voluntary Counseling & Testing (VCT)	40,910	13%	5,144	44,814	12%	5,414
Provider Initiated Counseling & Testing (PICT)	175,603	6%	9,972	240,852	7%	16,443
Community HIV Testing & Counseling (C-HTC)	14,748	14%	2,317	15,456	14%	2,665
Index Case	**5,622**	**24%**	**1,371**	**6,928**	**23%**	**1,634**
Other C-HTC	9,126	10%	946	8,528	12%	1,031
Antenatal Care (ANC)	91,907	4%	3,829	96,829	4%	4,207
Maternity	12,644	1%	124	13,013	1%	116
High Risk Consultation for Children (<12 months)	5,668	5%	267	5,760	5%	278
Tuberculosis (TB)	3,377	15%	495	2,874	14%	402
TOTAL	**344,857**	**6%**	**22,148**	**419,598**	**7%**	**29,525**

LESSONS LEARNED AND NEXT STEPS

CHASS faced several challenges in implementing the community index case testing strategy, many related to counselor factors (see Table 2). To overcome these barriers, the project introduced improvement actions that have been or are being implemented.

CHASS has learned that while index case testing results in a high positivity yield, it is also a more time intensive approach; it requires the counselor/service provider to earn the full trust of the index patient so that the patient discloses names of all sexual partners, not just spouses or main sexual partners. Additionally, gender norms and stigma are essential factors that must be considered when training counselors on sexual network testing.

Lastly, CHASS found that tracking of counselors has been key for promoting accountability among CBO counselors and for helping CBOs identify where to focus their capacity development efforts. There are plans to incorporate the existing individual tracking performance tool into a mobile app to make reporting even easier. The efforts and achievements of the CHASS project to operationalize index case testing at the community level not only showcase the project's ability to be both a clinical and community partner but its capacity to leverage synergies between both.

TABLE 2 *Challenges and Improvement Actions*

CHALLENGES	IMPROVEMENT MEASURES
Counselors originally continued to use a universal testing approach because they did not fully understand the paradigm shift	• Providing mentoring and technical assistance (TA), including explaining importance of index case testing • Reviewing individual counselor's performance to efficiently focus TA • Setting individual targets for counselors
Counselors having difficulty in locating sexual contacts for C-HTC	• Strengthening counseling techniques to communicate the importance of providing correct contact information and contacting sexual partners (openly or anonymously), while ensuring confidentiality
Some counselors found new monitoring instruments confusing to use	• Providing continuous in-service training on the M&E system to lay staff (including new forms with many disaggregations, register book)
Not all patients accept care and treatment (C&T) in HFs	• Strengthening counseling techniques to communicate the importance of C&T and follow-up of PLHIV until initiating ART • Analyzing daily individual counselor performance data to focus TA and capacity building efforts • Counselors being asked to work flexible hours to adapt to patients' schedules • Strengthening proper use of referral forms and tools to coordinate follow-up of positive patients through to C&T

ABOUT CHASS
The Clinical and Community HIV/AIDS Services Strengthening (CHASS) project, Cooperative Agreement Award No. AID-656-A-00-10-00113-00, is funded by the U.S. Agency for International Development (USAID) and FHI 360 is the prime partner of the consortium. The CHASS project is designed to improve the quality, coverage and effectiveness of high-impact, evidence-based HIV/AIDS interventions in the four provinces of Manica, Niassa, Sofala, and Tete by ensuring that the right HIV/AIDS interventions are implemented, at the right time and in the right places, so as to contribute to the desired goal of epidemic control in Mozambique. The project focuses on enhancing HIV case detection, ART initiation, retention in care and viral load testing.

May 2017