
Network-based testing toolkit training modules

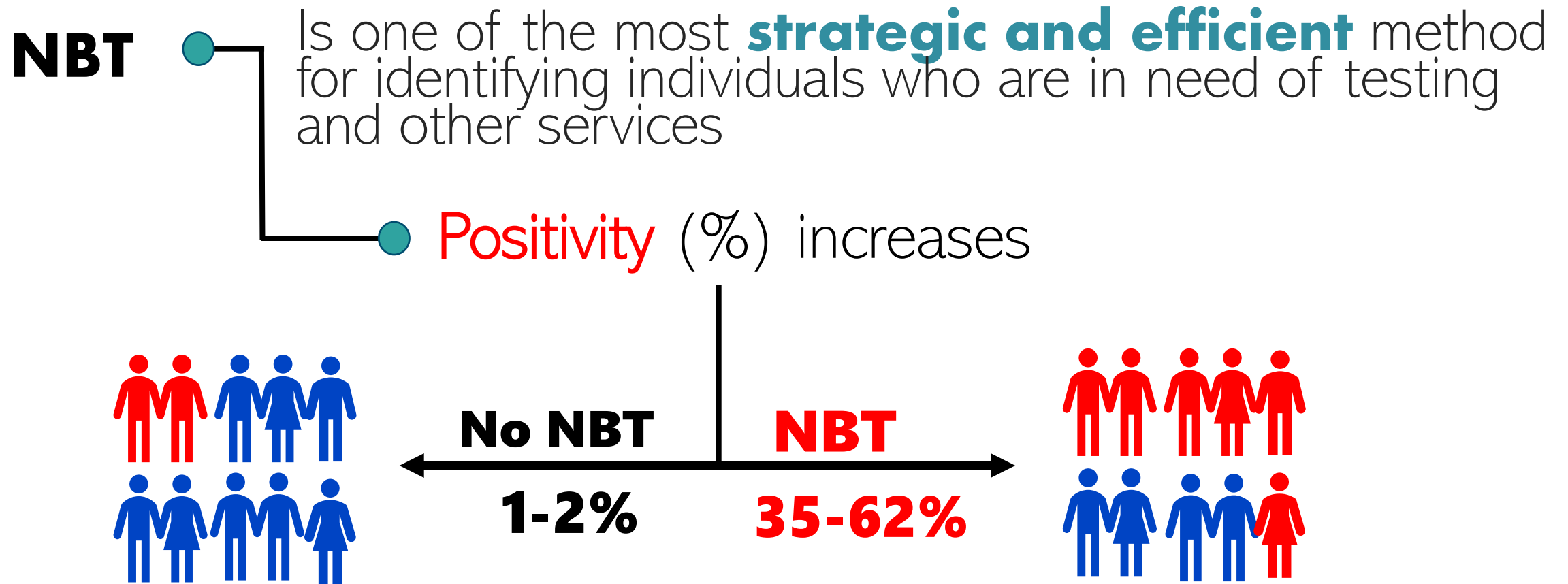
Module 9: Monitoring & adverse events
in network-based testing

Learning objectives

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

1. Monitor, analyze and interpret indicators for tracking the coverage, identifying gaps, and improving the quality of network-based testing services.
2. Explain how to report testing data when implementing integrated network-based testing approaches.
3. List the different quality monitoring and accountability tools that can be employed to remediate any gaps in the provision of safe and ethical network-based testing.
4. Define an adverse event in the context of network-based testing services.
5. Describe the components of an adverse event monitoring system.
6. List some steps for documenting, investigating, reporting, and remediating adverse events, and identify how these steps can be integrated within network-based testing services in your setting.

Importance of network-based testing services





- Routine programmatic review is **NECESSARY** to ensure that network-based testing is implemented with fidelity, scale, and quality.

Programme monitoring: basic concepts

What is programme monitoring?



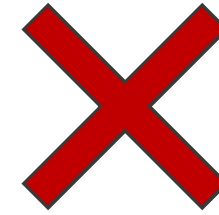
- **Continuous** data collection process
- Measures **programme progress** towards achieving goals and objectives
- Answers the question "What have we done?"

Why conduct programme monitoring



Monitoring **IS** for:

- ✓ Programme improvement
- ✓ Accountability and transparency
- ✓ Providing information to inform scalability and reproduction of the programme
- ✓ Making decisions and problem solving



Monitoring is **NOT** :

- ∅ To negatively criticize peers and their work
- ∅ To please donors or stakeholders
- ∅ To exercise power and keep other people busy collecting data and writing reports
- ∅ A static system that never changes

Benefits of programme monitoring



Identify strengths to scale up effective strategies

Identify programme gaps and challenges

Identify opportunities to improve the programme

Used to develop corrective action plans and solutions

Improve efficiency

Determines the quality of services provided

Promotes accountability and transparency

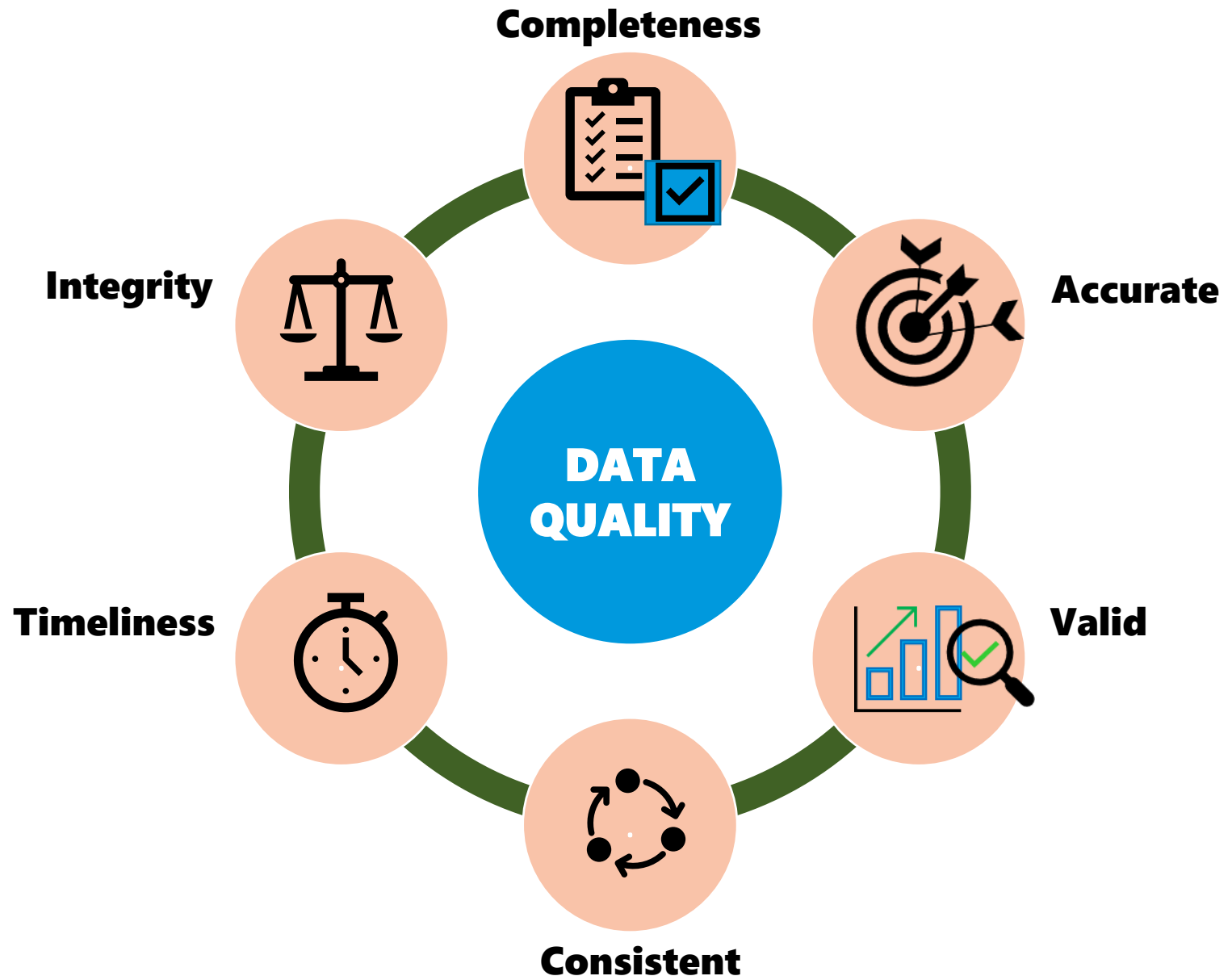
Data management cycle















Programme monitoring and data quality

Important for data to be of sound quality.

- The data is suitable for USE in program operations, decision making and planning
- High-quality data is an accurate representation of REALITY and what is happening in the field











Tracking NBT services: Suggested indicators

1		Number of eligible clients in the last quarter. <i>Define “Eligible Clients”</i>
2		Number of Eligible clients offered network-based testing services
3		Number of eligible clients who accept network-based testing services
4		Number of eligible clients who <u>did not</u> accept network-based testing services
5		Number of partners, children, family, and other contacts listed by eligible clients
6		Number of contacts successfully contacted (disaggregated by approach: social network, partner services, family/household services)
7		Number of contacts <u>not located</u>
8		Number & types (HIV, HBV, HCV, syphilis, other STIs) of tests offered contacts
9		Number of contacts receiving each test type through network-based testing
10		Number of contacts testing positive for each type of test
11		Number of newly diagnosed contacts linked to treatment
12		Number of newly diagnosed contacts linked to prevention services (condoms, PrEP, VMMC)



Tracking NBT services: suggested indicators

13		Number of newly diagnosed partners/family members/contacts
14		Number of eligible clients screened for GBV/IPV
15		Number previously diagnosed partners/contacts who are re-engaged in care
16		Number of adverse events due to network-based testing services
17		Number of partners/contacts tested through secondary distribution of self-test kits
18		Number of partners/contacts tested with self-tests who return for further testing
19		Number of partners/contacts tested with self-tests confirmed positive or provided with further care
20		> >Other country specific indicator

How to interpret the cascade for quality improvement

Overall Adult Index Testing Cascade

Quarter	Linkage
FY22 Q1	95%
FY22 Q2	97%

Start: Number of newly diagnosed with HIV, or previously diagnosed and have high/unsuppressed VL

Large drop here could suggest inadequate Personnel, coverage should be 100%

High/low acceptance may suggest issues around counseling messages, building rapport with client

Ratio of no. Partners elicited to no. Of index clients reached should be ≥ 1

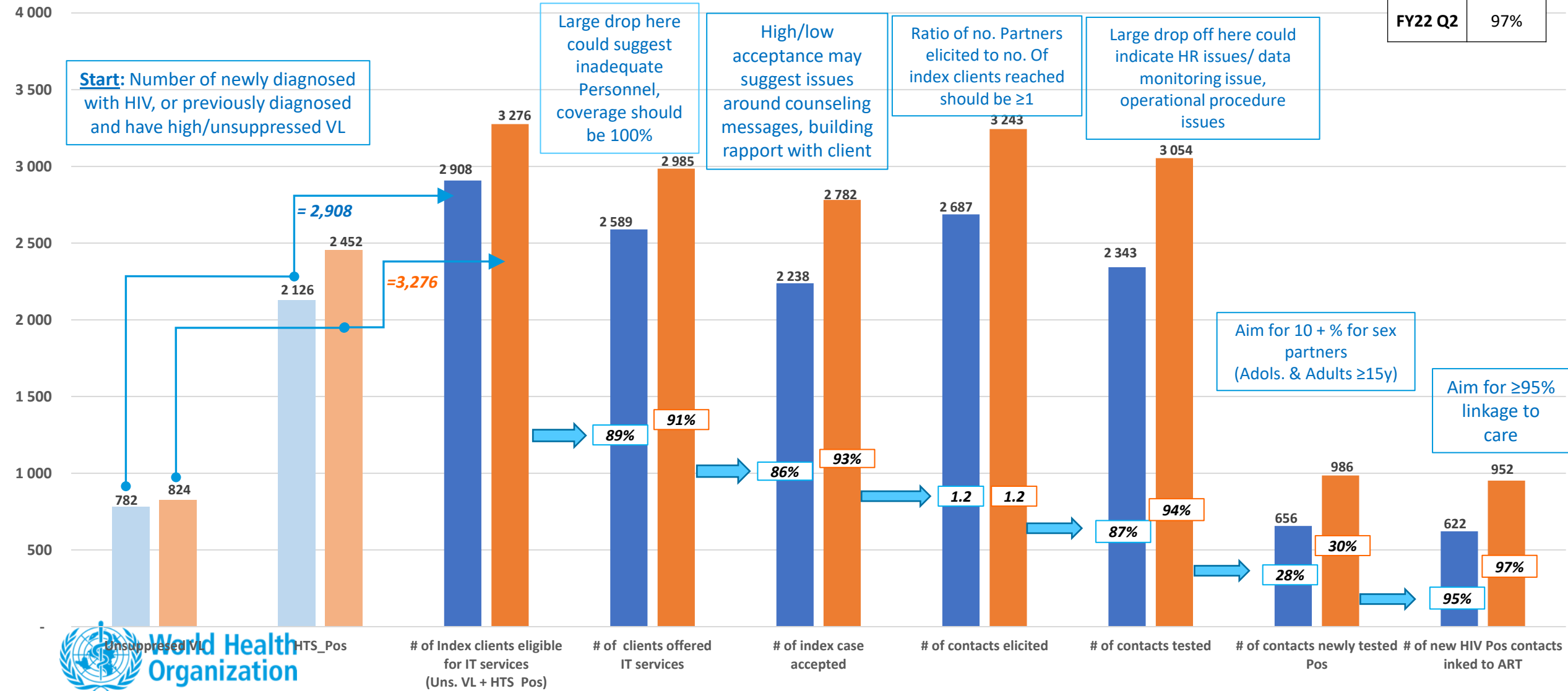
Large drop off here could indicate HR issues/ data monitoring issue, operational procedure issues

Aim for 10 + % for sex partners (Adols. & Adults $\geq 15y$)

Aim for $\geq 95\%$ linkage to care



■ FY22 Q1 ■ FY22 Q2



Network-based testing services reporting tools

Country example: Tanzania, register with page totals allows reporting on testing cascade

Example of index client register

INDEX Client Details			CONTACT Details					CONTACT Details			CONTACT Details					Comments	
No.	Date of Visit <small>(dd/mm/yyyy)</small>	Name of Index Client	Name of Partner/Child Second Name First Name	Relationship to index	Age	Sex <small>[M/F]</small>	Partner Type <small>Use Code</small>	Prior HIV Test Status			HIV Testing Services Provided						
								Tested Before <small>[Y/N]</small>	Prior Test <small>[P/N/NA]</small>	Duration Since <small>[in mths]</small>	Consent Given? <small>[Y/N]</small>	Partner/Child <small>[P/N/NA]</small>	Linked to ART? <small>[Y/N/NA]</small>	Partner/Child's ART Number	Tested as a <small>[Y/N/NA]</small>		Couple Discordant <small>[Y/N/NA]</small>
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)
																
																
																

Page Totals for:

- # partners/children identified
- # partners/children tested
- # partners/children diagnosed
- # partners/children linked to HIV treatment

Country example: Uganda, register allows tracking of IPV risk assessment

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Index Client													
Patient Initials:	Date:	Index client No.	HCT #:	Date of Birth:	Age:	Sex: 1. Male 2. Female	Marital Status: 1 2 3 4	Telephone Contact:	Alternative phone Contact:	Residence:	Index Client Type: 1 2 3 4	# Sex Partners past 12 months:	Remarks:
Partners													
Partner #1													
Name:	Common Name:	Sex: Age:	Phone Contact: Alternative Contact:	Describe location of home and work:	Index client choice of disclosure: 1 Self (Date) 2 Assisted (Date) 3 Provider	History of Intimate Partner Violence (IPV): Any prior history of violence with this partner? 1. Yes 2. No	Contact Attempt #1: Date: ____/____/____ Means: 1 2 Outcome: 1 2 3 4	Contact Attempt #2: Date: ____/____/____ Means: 1 2 Outcome: 1 2 3 4	Contact Attempt #3: Date: ____/____/____ Means: 1 2 Outcome: 1 2 3 4	HTS Register (tested & received results): Tested: 1. Positive 2. Negative 3. No If HIV-negative, prevention info and linkage to: 1. VMMC 2. PrEP 3. FP 4. Condoms	If Partner HIV-positive: 1. Newly identified 2. In care stable	Index client assessed for post-notification violence (< 1 month)? 1. Yes 2. No IPV positive 1. Yes 2. No Post-violence response 1. Yes 2. No 3. N/A	Case closure status: 1 2 3 4 5 6 Specify:
Partner #2													

Key: Index Client Marital Status: 1. Married/cohabite 2. Never married 3. Separated/Divorced 4. Widowed	Index Client Type: 1. Newly identified 2. On ART no Viroly suppressed 3. On ART with new risk (STI, new sexual partner) 4. Pre-ART, not started ART	Index Client choice of disclosure: 1. Self-notification (Date notified) 2. Assisted notification (Date notified) 3. Provider Notification	Means of Contact: 1. Phone 2. Home visit	Outcome of contact 1. Come for HIV test 2. Will test elsewhere 3. Refuses test 4. Known HIV-positive	Case closure status 1. Index Client located, interviewed, and at least one partner elicited and interviewed 2. Index Client located, interviewed, and partners located, but refused to meet and be interviewed 3. Index Client located and refused APN 4. Index Client determined to live in another district or country 5. All attempts to identify or locate partners have been unsuccessful 6. Others specify
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Country example: Botswana, NBT services form – Adverse Event (AE) monitoring

Index Testing Adverse Events Tracking Form District: _____ Facility: _____

Date of contact with client (DD/MM/YYYY)	Type of Contact	Client ID/Identifier	Incident Grade	Details of incident reported	Referral		Willing to be followed up by support team	Client phone number	Staff receiving report (Initials)	Referral Outcomes/ Comments
					Referred to support organisation	Organisation(s) Name				
DD/MM/YYYY	-Toll-free Helpline <input type="checkbox"/> -Facility <input type="checkbox"/> -Community <input type="checkbox"/> -Other <input type="checkbox"/> Specify _____		Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
DD/MM/YYYY	-Toll-free Helpline <input type="checkbox"/> -Facility <input type="checkbox"/> -Community <input type="checkbox"/> -Other <input type="checkbox"/> Specify _____		Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
DD/MM/YYYY	-Toll-free Helpline <input type="checkbox"/> -Facility <input type="checkbox"/> -Community <input type="checkbox"/> -Other <input type="checkbox"/> Specify _____		Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Social harms and Adverse Events Grading Guide*

	GRADE 1 (MILD) – No effect on social life or work.	GRADE 2 (Moderate) – Some effect on social life or work.	GRADE 3 (Severe) – Unable to socialize or work.	GRADE 4 (Very severe) Reported within 7 days – Life-threatening/Disability and completely fails to socialize
Scenarios	1. Denial of access to household resources 2. Being ignored or controlled 3. Being shouted at	1. Being threatened 2. Coercive disclosure of HIV test results 3. Pushing or slapping 4. Psychologically coercive sex 5. Being discriminated	1. Physical violence that leaves marks >24 hours 2. Being threatened with lethal violence 3. Physically coercive sex 4. Marriage break-up or abandonment	1. Physical violence that leads to hospitalization or death 2. Suicide or attempted suicide 3. Attack using potentially lethal force

Country Example: Cote d'Ivoire,

Sticker system used to identify index clients with incomplete family trees

ICAP
GLOBAL HEALTH ACTION
Partenaire technique
Ministère de la Santé de Côte d'Ivoire

TYPE DE PATIENT (Stable/Non stable)	NON STABLE
DEPISTAGE FAMILLE (Complet/Partiel)	PARTIEL
APPROVISIONNEMENT EN ARV (Fast-track/Club d'observance/GAC)	Zone de collage du sticker

Facility Master Tool, v3.0, Oct 3 2016 44

REPUBLIQUE DE COTE D'IVOIRE
UNION - DISCIPLINE - TRAVAIL

Jan 2014
Janvier 14
Début: 24/12/13
Régime: TBF+3Ic+EFV

ICAP
GLOBAL HEALTH ACTION
Partenaire technique
Ministère de la Santé de Côte d'Ivoire

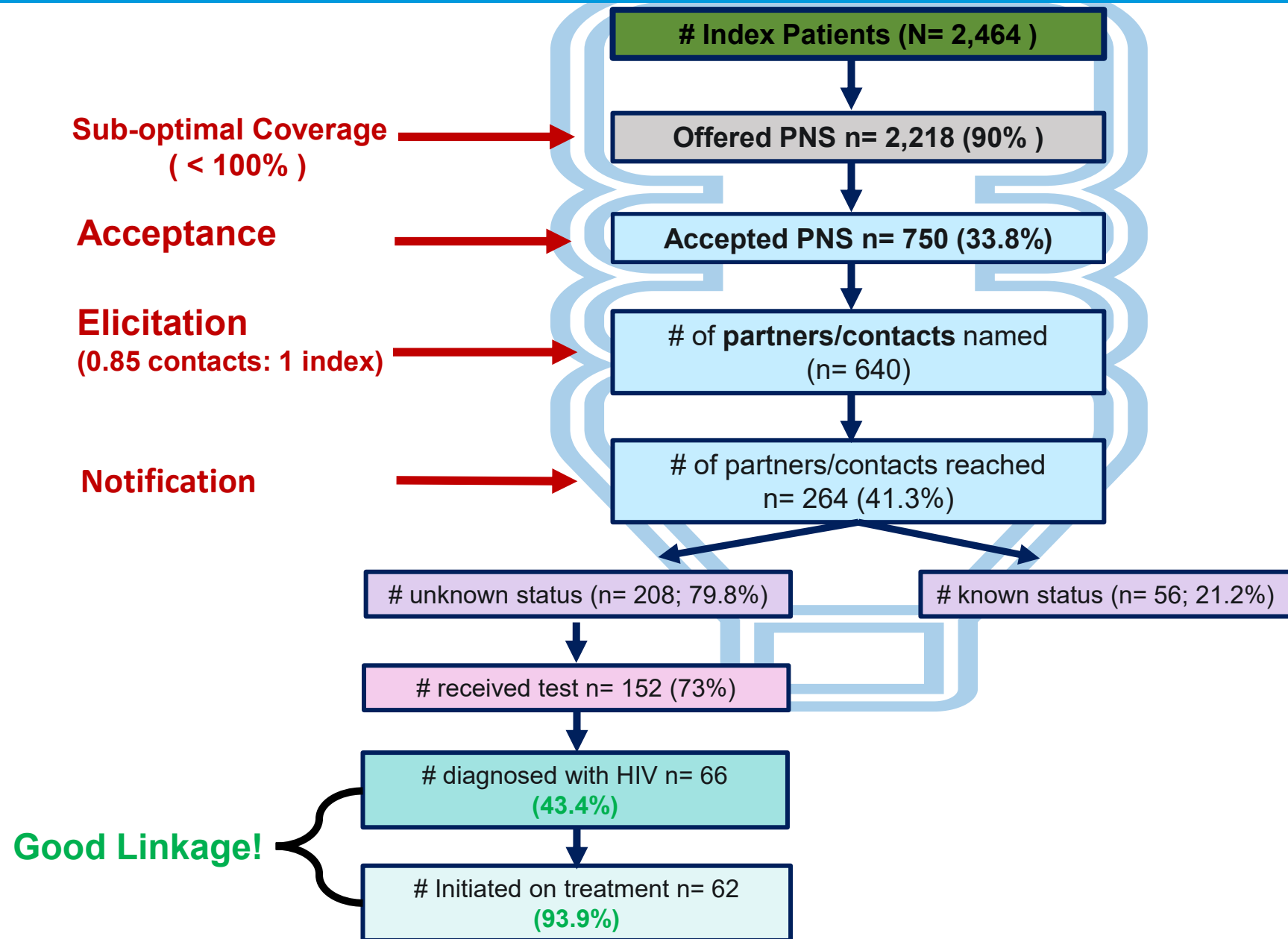
TYPE DE PATIENT (Stable/Non stable)	STABLE
DEPISTAGE FAMILLE (Complet/Partiel)	COMPLET
APPROVISIONNEMENT EN ARV (Fast-track/Club d'observance/GAC)	Zone de collage du sticker

Numéro Unique d'identification

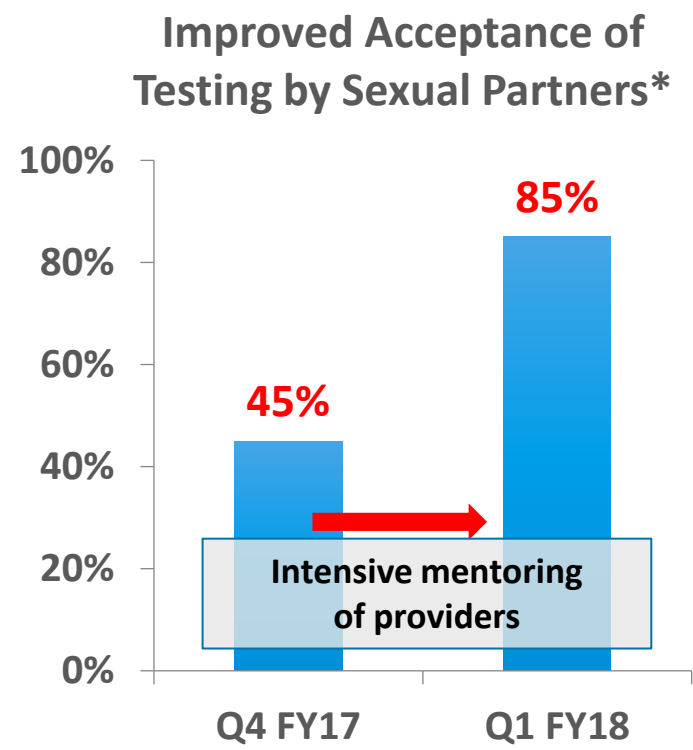
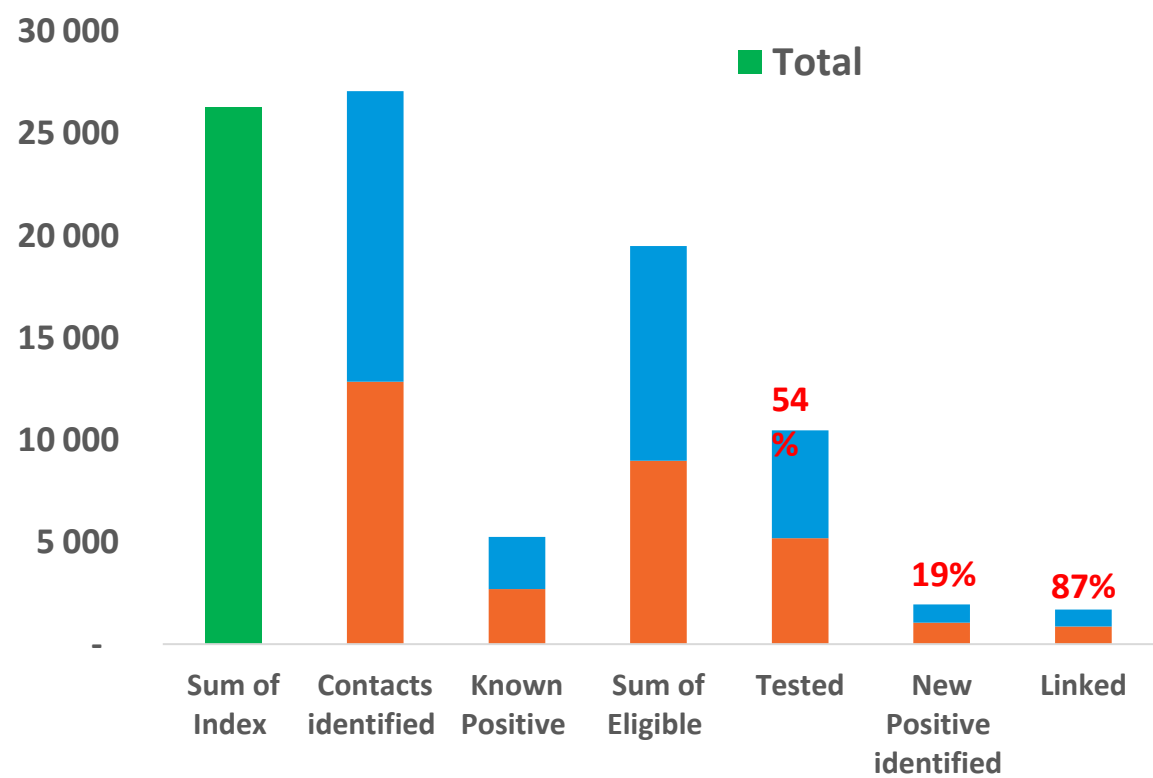
Code Etablissement * N° Site * Année - Numéro Patient

Network-based testing services monitoring tools

Country example: Nigeria, partner notification services (PNS) bottleneck analysis for improving performance



Country example: Kenya, analysis of partner notification services cascade by age & sex



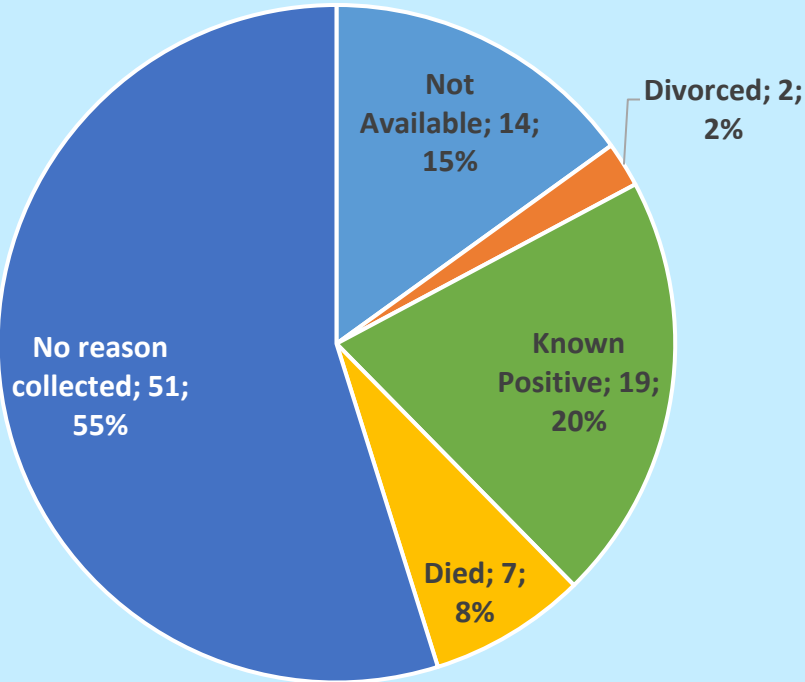
All agency IM data
*DOD Kisumu West

	Female-15-24 yrs	Female-25+	Male-15-24 yrs	Male-25+
Testing uptake	60%	57%	61%	48%
% Positivity	15%	23%	9%	19%

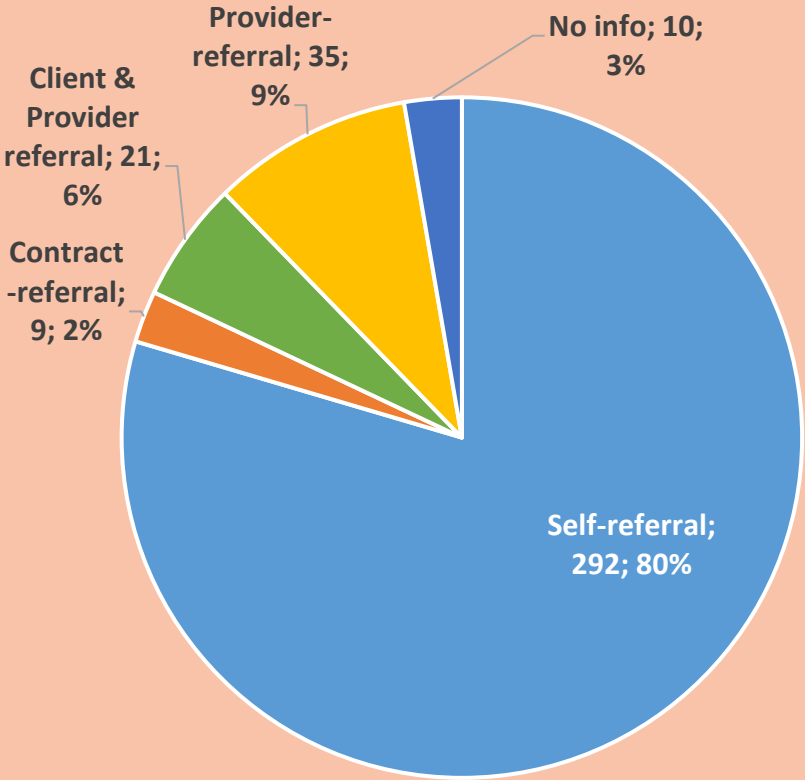


Country example: Vietnam, documenting outcome of partner notification services (PNS)

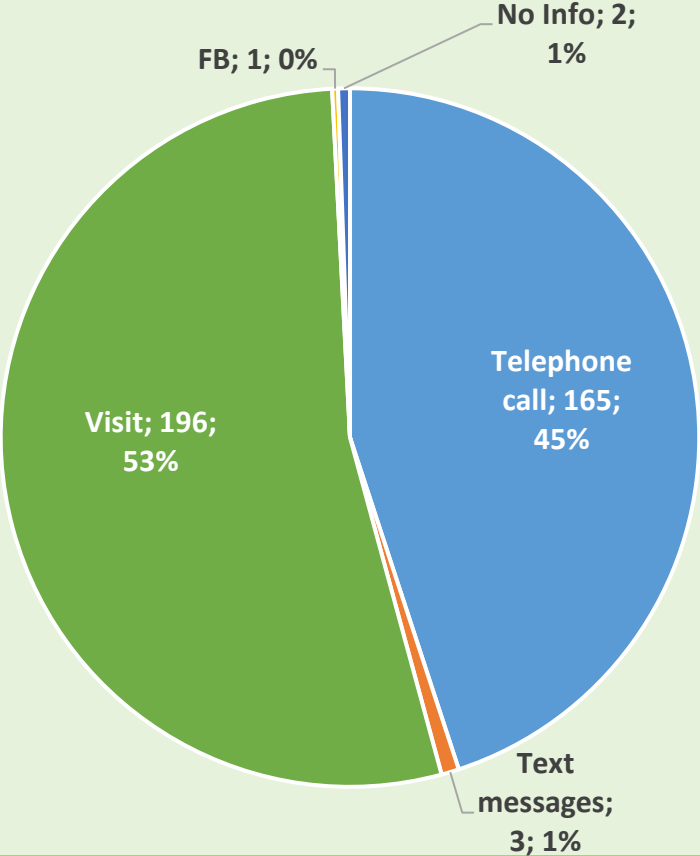
Reasons for not reaching the contacts



Who contacted the partner?



How was the contact made?



Vietnam collected and analyzed additional NBT data to guide programmatic adjustments and shifts.

Community-led monitoring leads to better services!

CLM helps programs and health institutions to:

- **Diagnose and pinpoint persistent problems**
- **Challenges**
- **Barriers related to service uptake and retention**

AIM: To improve service delivery and client outcomes and ensure beneficiaries access and receive optimal client-centered care.



CLM for monitoring the quality of network-based testing services

Community Led-Monitoring is Another Important Component for Monitoring the Quality of Network-Based Testing Services



- Monitoring and improving the quality of network-based testing services is the responsibility of organizations & programmes
- However, where resources and community interest allow, teams should work with civil society organizations, and networks of recipients of care to monitor network-based testing services to ensure they meet the needs of beneficiaries

CLM is a sustainable process for program quality improvement

Community-Led Monitoring

Steps 1-3 help lay the groundwork for the CLM process and represents the critical phase of ensuring communities lead the process.



1) Learning

Gather information on local context, existing capacity among local actors, power dynamics, and previous/current CLM efforts.



3) Co-Creation

Collaboratively define and agree upon data collection methods, information sharing mechanisms, coordination structures, and key metrics relevant to the **COMMUNITY**.



2) Outreach and Buy-in

Identify capable **TRUSTED** local partners, engage decision makers and service providers, and build buy-in for new CLM approaches or to strengthen existing collaborative processes.



4) Data Collection & Analysis

Community actors collect data at PEPFAR facilities and selected sites, conduct analysis, and capture actionable insights.



6) Monitoring & Accountability

Communities monitor implementation of corrective actions and gather data on impact to identified barriers and new barriers/enablers that arise.



5) Advocacy & Action Planning

Community representatives engage decision makers, share data and insights, agree upon corrective actions, and advocate for change to policies and practices.

Steps 4-6 are cyclical and represent the steps that a CLM process should repeat over time as corrective actions are implemented and their impact assessed.



Tools for quality monitoring, accountability and action

No single data source provides the complete picture on quality and accountability of network-based testing services. Different tools provide different lenses on quality, including:

- ❖ Supportive supervision and mentoring tools for NBT services
- ❖ GBV/IPV monitoring and follow-up action tools
- ❖ Adverse event monitoring and reporting tools
- ❖ Granular site management tools
- ❖ Community-monitoring (using mystery shoppers, beneficiary interviews etc.)

Adverse events monitoring

Poll Question: True or False?



All facilities and organizations offering network-based testing services should have an adverse event and monitoring system in place.

TRUE

What is an adverse event?

- Adverse Event = an incident that results in harm to the client or others because:
 - they participated in network-based testing services **OR**
 - they were offered network-based testing services and declined to accept them
- Harm includes: any intended or unintended physical, economic, emotional or psychosocial injury or hurt from:
 - one person to another,
 - a person to themselves,
 - or an institution (like a clinic or health facility) to a person



Adverse events may result if programs do not comply with the minimum standards

An adverse event may be more likely to result when index testing programs are non-compliant with the minimum standards for safe and ethical index testing services

Minimum Standards

1. Adherence to the 5 Cs
2. Conduct an intimate partner risk assessment prior to conducting partner services
3. Implement an **adverse event monitoring and reporting system**
4. Providers **trained and supervised** on network-based testing procedures
5. Conduct **quality assurance and quality improvement** processes

Compliant with standards

High quality network-based testing program that is safe for index clients and their contacts

Non-compliant with standards

Network-based testing clients and their contacts are at risk of experiencing an adverse event

Examples of adverse events that may result from non-compliance with one or more of the minimum standards

Example of an Adverse Event	Consent	Confidentiality	Counseling	Connection	IPV Risk Assessment
Threats or occurrences of harm (physical, sexual, emotional)		✓			✓
Withholding of other services because index testing was declined	✓		✓	✓	
Unauthorized/coerced disclosure of index client's or contact's information (including with criminal justice system)	✓	✓			
Contacting child protective services without first informing child of mandated reporter status	✓	✓			
Abandonment or forced removal from the home		✓	✓	✓	✓
Contacting partners or family members of the index client directly without first obtaining consent	✓	✓			
Stigmatizing or discriminatory treatment from a provider			✓		

Remember: network-based testing services should always be voluntary

- One of the most common adverse events reported by clients is feeling pressured or coerced into accepting network-based testing services
- This pressure can damage the relationship between the healthcare provider and the client and may cause the client to disengage from ART services
- Flag sites with unusually high network-based testing acceptance rates (>90%) for a supportive supervision visit to ensure that network-based testing is being offered as a voluntary service
- Consider community-led monitoring as another method for ensuring network-based testing services remain voluntary
- Take any corrective actions needed



Which staff are responsible for monitoring adverse events associated with network-based testing services?

All staff who are involved in providing network-based testing services are responsible for monitoring and responding to any adverse events associated with network-based testing services



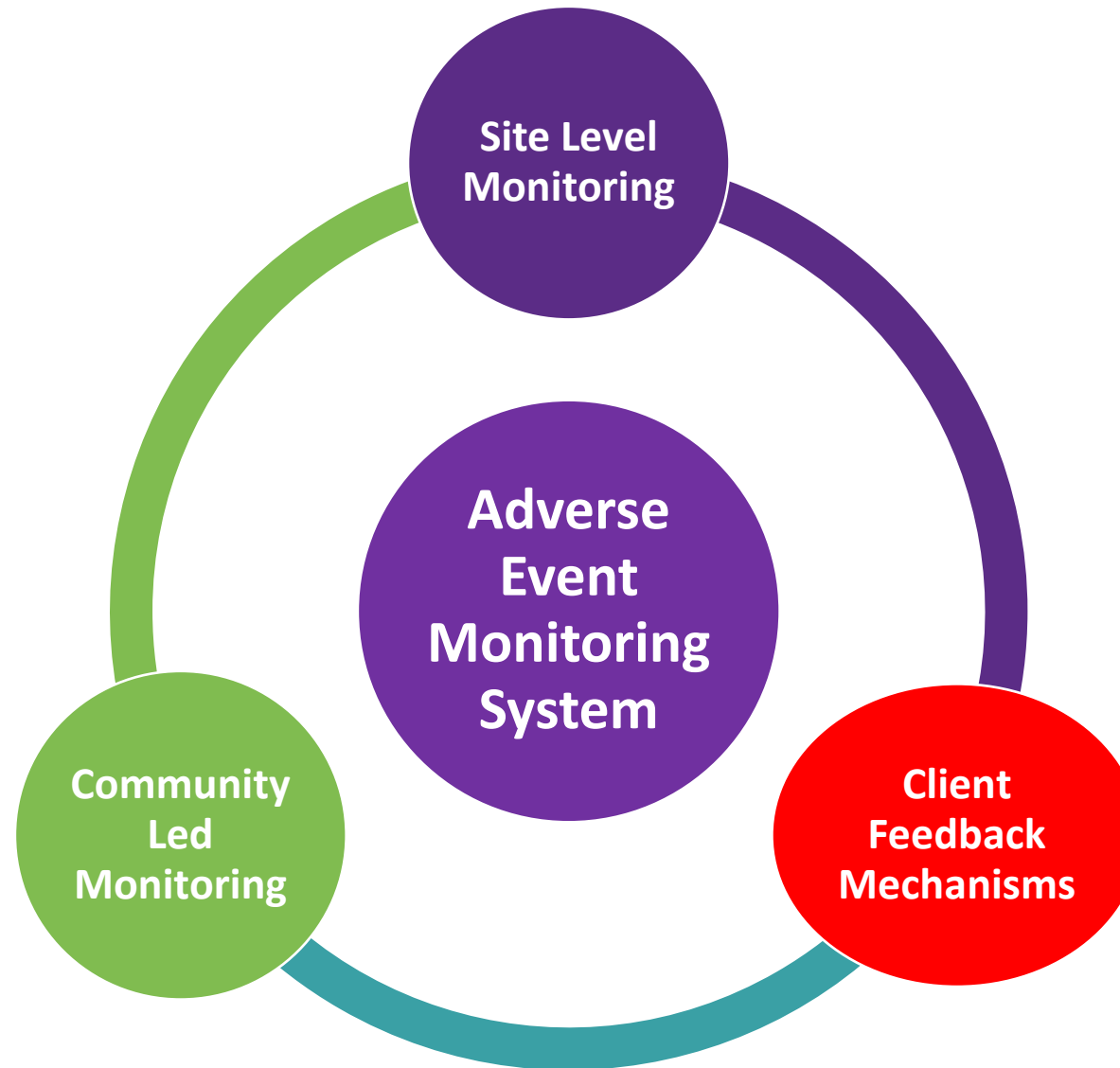
What are the components of an adverse event monitoring system?

Guiding principles for adverse event monitoring

- There is no such thing as zero risk. Even if implementation of network-based testing services follows all minimum standards and procedures, there will always be the potential for adverse events.
- AE monitoring systems should be led at the country level.
- Whenever possible, adverse event monitoring and reporting for network-based testing services should be embedded into existing systems.

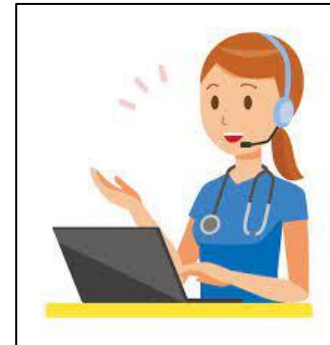


What is included in an adverse event monitoring system?



How do we conduct site level monitoring?

- Facilities/sites should routinely ask index clients if they experienced any adverse events following participation in network-based testing services
 - **Suggested question**, “In the time since you participated in network-based testing services, did you experience any harm from your partner, health care provider, or anyone else at this facility [or site] due to your participation in these services? This includes physical, emotional, sexual, or economic harm?”
- This follow up can be done during the client’s next appointment OR through follow-up call or visit 4-6 weeks after network-based testing services have been offered.



NBT register has an IPV Risk assessment section for each named contact

[illegible]

World Health Organization

Establish mechanisms for client feedback

- Clients should be provided multiple pathways for issuing concerns or complaints regarding network-based testing, including:
 - Suggestion boxes within health facilities
 - Hotlines
 - Online submissions through websites/apps
 - Client surveys
 - Verbal reports for illiterate clients
- Providers should also be able to use the anonymous options provided to clients.

Customer Complaint Form for HIV Services

Instructions: You have the right to receive HIV services that respect your needs as a person and that are free of discrimination. If you feel like your rights have not been respected or that you received inadequate health services, we ask that you complete this form so that we can improve our services. You can choose to make your complaint anonymous or confidential.
Anonymous = You choose not to share any personal information with us. This means we will not be able to identify you or contact you if we have any questions about your complaint.
Confidential = You share your name and contact information with us. With your permission, we may contact you to ask additional questions about your complaint. Your personal information will be kept confidential.

INFORMATION ABOUT YOU

Today's Date: _____

Do You Want This Complaint to Be? ☐ Confidential ☐ Anonymous (please skip to next section)

Your Name: _____

May We Contact You If We Have Additional Questions about Your Complaint? ☐ Yes ☐ No

If Yes, What Is the Best Way to Contact You? ☐ Phone Call ☐ Text ☐ Email

Phone Number: _____ Email: _____

INFORMATION ABOUT YOUR COMPLAINT

Date Incident Occurred _____ Time Incident Occurred _____

Place Where Incident Occurred: _____

Name of Healthcare Workers Involved (if known): _____

Please Tell Us about What Happened: _____

INFORMATION ABOUT HOW YOU THINK WE CAN IMPROVE OUR SERVICES

Is There Something You Would Like to See Happen as a Result of Your Complaint? ☐ Yes ☐ No

If Yes, Please Tell Us What You Would Like to See Happen: _____

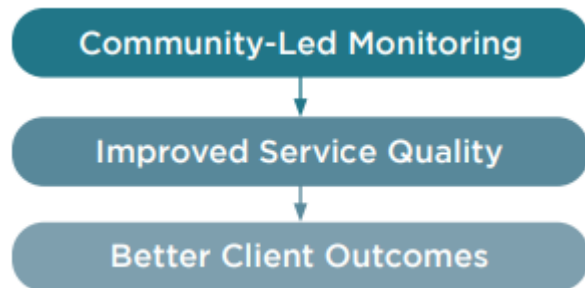
Would You Like Us to Contact You About the Outcome of the Investigation? ☐ Yes ☐ No

If Yes, How Would You Like Us to Contact You? ☐ Phone Call ☐ Text ☐ Email

THANK YOU! Please Place This Completed Form in the Drop Box by the Registration Desk

Community-led monitoring

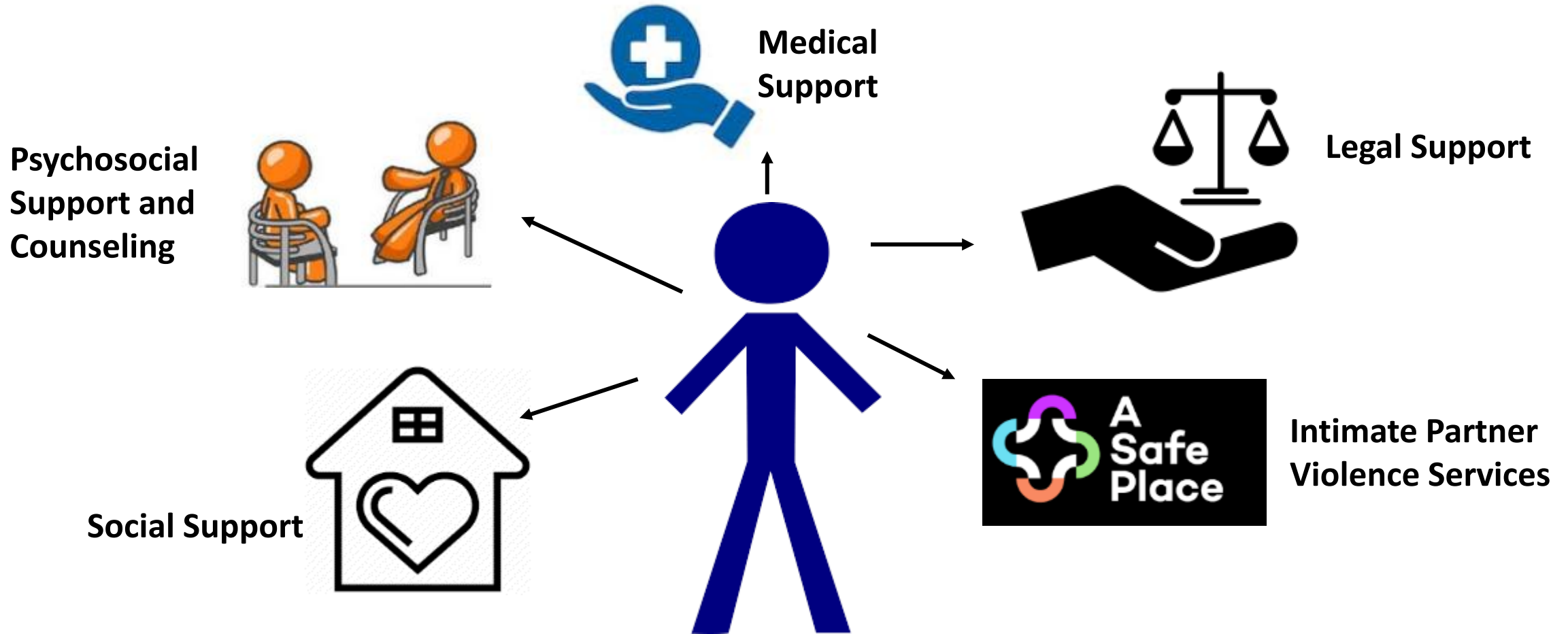
- **Community-Led Monitoring (CLM):** Whenever possible, programmes should work with CSOs and community networks to monitor network-based testing services to ensure they meet the needs of clients and to identify any adverse events that may be occurring (e.g., coercion, lack of consent, etc.)
- **Community Advisory Boards (CAB):** made up of community leaders and clients, can act as a liaison between the community and facility. These CABs can make an adverse event complaint on the client's behalf if the client does not feel comfortable making the complaint alone or prefers to make an anonymous complaint



Source:

https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf

Clients who experience adverse events should be linked to appropriate services



Poll Question: True or False?



Poll Question: A comprehensive adverse event monitoring system includes which components?

Select the best answer:

- A. Client feedback
- B. Community-led monitoring
- C. Site level monitoring
- D. A and C
- E. All of the above

How should adverse events be documented and reported?

- All adverse events should be **documented** (including those reported anonymously).
- **Follow-up steps and actions**, including a remediation plan, should be developed to prevent similar adverse events from occurring in the future.
- If an adverse event is determined to be a result of a provider's failure to abide by the minimum standards for network-based testing, **he or she should immediately stop offering services until remedial actions can occur.**
- The occurrence of adverse events, including the type and frequency, should be **reported at least quarterly** to the relevant stakeholders, which may include Ministry of Health, and country Agency teams, etc.
- Use adverse event monitoring systems for **quality improvement purposes**:
 - For example, high rates of IPV disclosure could indicate the need for more social workers/mental health professionals or other GBV-response services.

Example of an NBT services AE reporting form

Index Testing Services		
Adverse Event Reporting and Investigation Form		
Instructions: Healthcare workers should use this form to document any reports of adverse events reported by clients during or following their participation in index testing services.		
Note: Partners include both sexual and needle-sharing partners		
Instructions: Unless otherwise specified, mark only one response field for each question		
Part I. General Information		
1. Date Form Completed (day/month/year):		
2. Facility or Site Name:		
3. Facility Type: <input type="checkbox"/> MOH <input type="checkbox"/> Key Population <input type="checkbox"/> Private <input type="checkbox"/> Other: _____		
4. Date Adverse Event Occurred:		
5. How Was the Adverse Event Reported? (select all that apply)		
<input type="checkbox"/> Hotline <input type="checkbox"/> Mobile app (such as WhatsApp) <input type="checkbox"/> Online <input type="checkbox"/> By a Community Representative <input type="checkbox"/> Directly to a Provider during Routine Follow-Up <input type="checkbox"/> Customer Complaint Form/Dropbox <input type="checkbox"/> Other, specify: _____		
6. Was the Adverse Event Reported Anonymously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, write N/A to all questions for which information is not available		
7. Name, Title, and Phone Number of Person Completing This Report:		
Part II. Information about the Adverse Event:		
8. Client's Name or ID Number:	9. Client's Age:	10. Client's Gender:
11. Type of Client:		
<input type="checkbox"/> Client of HTS site <input type="checkbox"/> Client of ART site <input type="checkbox"/> Community member <input type="checkbox"/> Other: _____		
12. Type of Adverse Event That Occurred (Can Select Multiple Events):		
<input type="checkbox"/> Failure to obtain consent for participation in index testing services and/or for contacting partners <input type="checkbox"/> Contacting child protective services without first informing child of mandated reporter status <input type="checkbox"/> Sexual Harm (includes rape, sexual abuse, or forced sex without a condom) <input type="checkbox"/> Emotional Harm (includes humiliation, verbal harassment, psychological torture, or threats) <input type="checkbox"/> Physical Harm (includes hitting, kicking, slapping) <input type="checkbox"/> Withholding HIV treatment or other services because index testing was declined		

<input type="checkbox"/> Forced or unauthorized disclosure of a client's or contact's name or personal information (including with the criminal justice system) <input type="checkbox"/> Abandonment or forced removal of children < 19 years old from the home <input type="checkbox"/> Stigmatizing or discriminatory treatment from a provider <input type="checkbox"/> Other, Specify: _____
13. Was the Adverse Event Directly Caused by the Clients Participation in Index Testing Services?
<input type="checkbox"/> Yes <input type="checkbox"/> Possible <input type="checkbox"/> No
14. Who Contributed to the Adverse Event? (Select All That Apply)
<input type="checkbox"/> Healthcare facility staff (provide name(s) if possible): _____ <input type="checkbox"/> Peer/community health worker (provide name(s) if possible): _____ <input type="checkbox"/> Current or past partner(s) (either sex or drug using partner) <input type="checkbox"/> Family member(s) <input type="checkbox"/> Law enforcement (including police and military) <input type="checkbox"/> Local Leader(s) <input type="checkbox"/> Madam(s)/pimp(s)/bar manager(s) or owner(s) <input type="checkbox"/> Sex work client(s) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
15. Please Provide a Brief Description of the Adverse Event That Occurred
16. Describe Any Immediate Actions Taken in Response to the Adverse Event Report (Was the client referred to services? If so, which services (e.g. legal, medical, social, counseling etc.):

Example of an NBT services AE reporting form

19. What Steps and/or Actions Were Undertaken to Prevent Similar Events from Occurring in the Future?

Signature of Person Completing the Report: _____

Date Form Completed (DD.MM.YYYY): ____/____/____

What Are Your Thoughts?

- What questions would you delete?
- What questions would you change? How would you change these questions?
- What questions would you add to the form?

Activity: think, pair, share

- What systems for adverse event monitoring does your country or program already have?
- How can these systems be adapted to include network-based testing services?
- How can we ensure that clients have opportunities to report adverse events anonymously or through community representatives?

