

Society for Family Health Standard Operating Procedures for HIV Self-Screening Distribution Models

Community Based Distribution

Purpose of the standard operating procedures:

The main purpose of this SOP is to provide a standardized approach to the distribution of HIV Self-Screening (HIVSS) kits across SFH distribution sites. This SOP is to be used by HIV self-screening (HIVSS) distributors, HIV Counsellor Testers, healthcare providers, trainers and managers on how to implement the HIVSS distribution channels and modalities within the HIVSS program. It should be used as a guide in the implementing districts and it is meant to provide guidance in targeting hard to reach or undiagnosed individuals. The distribution modalities, implemented through self-screening, outlined are not meant to replace but rather to complement traditional blood-based testing service.

1. Community Based Distribution

a. Mobile HIV Testing Services (Integration of HIVSS with HTS)

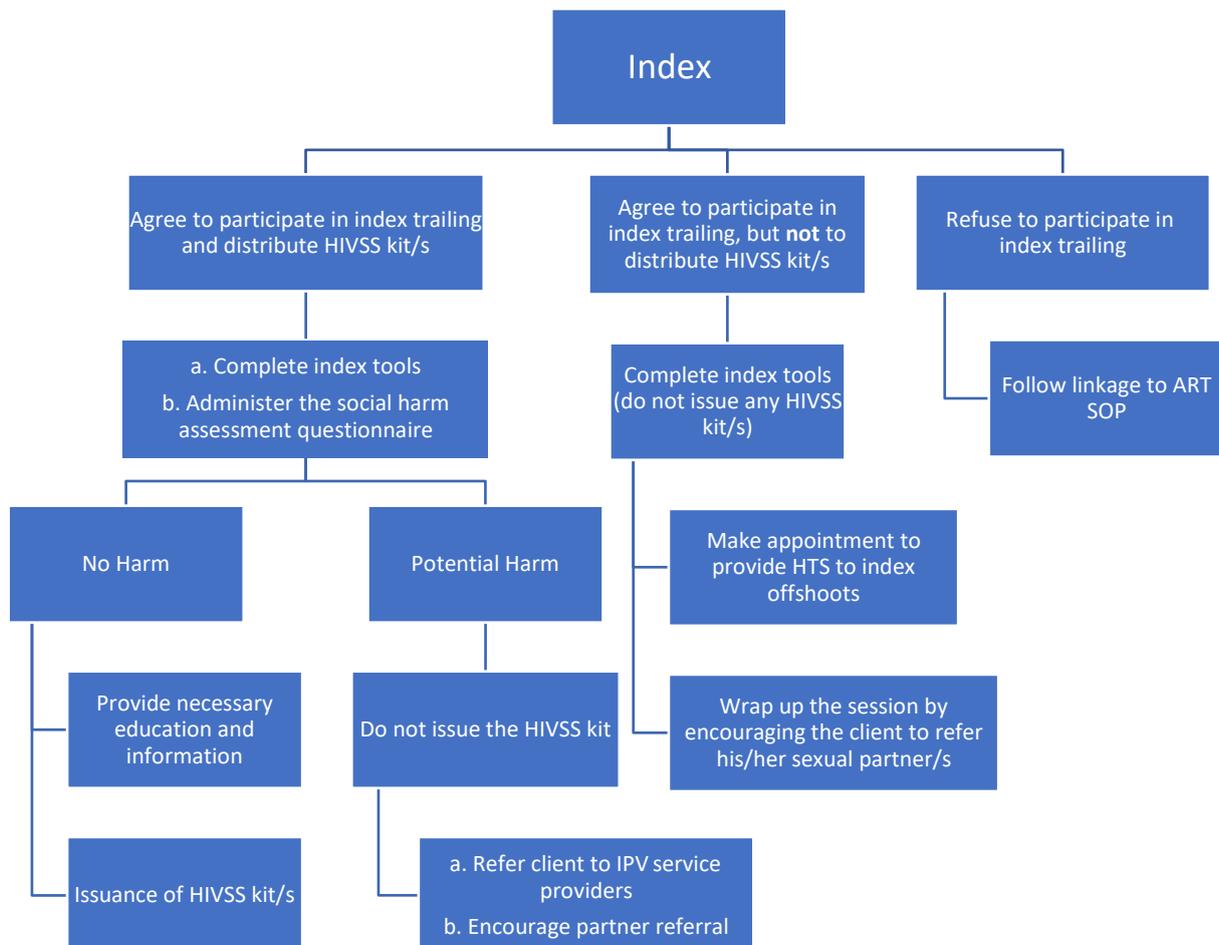
- HIVSS will be integrated with current community-based HIV testing services (HTS) activity platforms where HIVSS will be offered or the HIVSS kit will be distributed onsite. The aim for this modality is to triage and empower clients.
- Clients can choose to self-screen themselves onsite or with the assistance of the counsellor.
- Clients who choose to self-screen onsite will be given a self-screening kit and will be shown the instructional video, on a tablet, smartphone or instructional poster and given access to a private space.
- Clients will be encouraged to disclose their HIVSS results by showing the screening device to the counsellor for accurate triaging.
- All clients with negative results will be encouraged to screen regularly as per the HTS guidelines and referred for prevention services.
- All clients with positive results will be confirmed using the national validated algorithm and referred for further managed healthcare.

- SFH will work closely with facilities, treatment and care implementing partners and referral coordinators in the areas of implementation to ensure successful linkage to managed healthcare.
- Basic information will be collected from the client using REDCap™ data capturing application system and will include: demographics and history of HIV testing.

b. Index client case-identification, through HIVSS integration

- HIVSS kits will be distributed to clients who test HIV positive (index) at the conventional testing point (door-to-door and mobile testing).
- The healthcare provider will administer a social harm questionnaire and index consent form to the index prior to issuance of the kit/s for his or her regular sexual partner/s.
 - Follow the flow chart as a guide on steps to follow (figure 1):

Figure 1: HIVSS integration through index client recruitment





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- In addition to the kit, HIVSS instructional information, education and communication (IEC) materials (a WhatsApp version of the video, if he/she has WhatsApp) will be shared.
- A referral card and information slip addressed to partner/s will be enclosed to provide details on the process to follow should the partner/s screen positive and do not want to be visited by the HTS provider.
- This will be recorded as secondary distribution (no more than two kits will be distributed at any given point). The index will be requested to provide a convenient date; time and place when the HTS provider will conduct a follow up visit both to confirm initiation of the index and ascertain whether the sexual partner/s who received an HIVSS kit require confirmatory services.
- In addition, this integration will not substitute the traditional blood-based HTC algorithm, however may provide a screening option that may increase yield, efficiency and accelerate case identification among hard to reach or undiagnosed individuals.

c. Community distribution through door to door, taxi ranks, bus shelters/stops, train stations, hotspots

- SFH will appoint local trained counsellors as distributors who will be responsible for the distribution of self-screening kits and data collation in areas of implementation using different models (outlined in this SOP).
- Clients will be given self-screening kits, shown the instructional video, on a tablet, smartphone or instructional poster.
- In addition, they will be given detailed instructions, IEC material and a referral card on how to seek post-screening support services, including confirmatory testing if needed. ***Only clients who screen positive using the self-screening kit, will be encouraged to seek confirmatory services.***
- Distribution of self-screening kits will be restricted to the target population; therefore, all eligible clients should provide verifiable demographic information and should be available for follow-up, the data will be collected using REDCap™.

- At the time of collecting the self-screening kit, clients will be asked to think about the date and time they are likely to self-screen for ease of follow up by the distributors.
- SFH will work closely with facilities in the areas of implementation, the ward-based outreach teams, and community care givers to assist with active follow up on self-screening results and further managed healthcare.
- Clients who self-screen unsupervised, will be called within two weeks after collecting the self-screening kit to assess use of the kit and will be encouraged to seek confirmatory services if screening result was positive. This telephonic follow-up will be implemented for the first six months of implementation and then reviewed.
- Clients will also be asked to report if they visited a health facility after taking the HIVSS for services outlined above.

d. Voluntary Medical Male Circumcision (VMMC) distribution

- HIVSS distribution will be offered at VMMC facilities and VMMC GP networks.
- Clients will be offered the choice of blood-based HTC or HIVSS.
- Clients who choose to self-screen onsite will be given a self-screening kit and will be shown the instructional video, on a tablet, smartphone or instructional poster and given access to a private space.
- Clients will be encouraged to screen onsite to fast track the provision of VMMC services.
- Clients will be encouraged to disclose their HIVSS results by showing the screening device to the counsellor.
- Clients who screened negative will then proceed with provision of VMMC services.
- Clients will be told that should the self-screening result be positive, confirmatory with the national validated algorithm will be available on the same day and they will be referred for further managed healthcare.
- SFH will work closely with facilities, treatment and care implementing partners and referral coordinators in the areas of implementation to ensure successful linkage to care.
- Basic information will be collected from the client using REDCap™ data capturing application system and will include demographics and history of HIV testing.

e. Integration into VMMC demand creation

- VMMC mobilizers will distribute HIVSS kits to men interested in VMMC at community level during the recruitment process.
- The HIVSS kits are offered to the men as part of the recruitment process and motivation for VMMC that may improve uptake of VMMC.
- Men who screened negative will be encouraged to bring their result (using the referral card provided) to the VMMC site and may be fast tracked during the procedure day at the VMMC site.
- This may reduce waiting time for the procedure at the site for those men already screened for HIV.
- The men who screened positive with the HIVSS kit will be encouraged to seek confirmatory services at their closest HIV service provider.
- SFH will work closely with facilities in the areas of implementation, the ward-based outreach teams, and community care givers to assist with active follow up on self-screening results and further managed healthcare.
- Basic information will be collected from the client using REDCap™ data capturing application system and will include: demographics and history of HIV testing. The programmatic data will be triangulated to ascertain the acceptability and uptake of VMMC using HIVSS as an entry point.