|  |  |  |
| --- | --- | --- |
| **SOP NO. 3** | **TITLE**: | Health Facility Secondary Distribution of HIV Self-Screening Kits for partners of all Index clients at ART entry points andnewly diagnosed HIV positive clients at the facility. |
|  | **PROJECT**: | WITS RHI STAR SA |  |
| **EFFECTIVE DATE**:April 2018 | **SUPERSEDES** #: |
| **APPROVED BY:** | DATE: March 2018 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Date** | **Revision Date** | **Reason for Revision** | **Signature** |
| March 2018 | March 2018 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# PURPOSE

This Standard Operating Procedure (SOP) document provides detailed information on procedures associated with offering and distributing HIV self-screening (HIVSS) kits to all newly diagnosed HIV positive clients as part of routine clinic services (e.g., TB and STI screening) for their current sexual partners. This channel of distribution, known as the Facilities HIV Positive Index Client Secondary Distribution Model is part of the UNITAID/PSI HIV Self-testing Africa (STAR) Project.

# RESPONSIBILITIES

* + The Site Coordinator and Wits RHI HSS Clinical Trainers shall be responsible for training implementing health facilities’ teams on this SOP.
	+ The STAR Programme Manager shall be ultimately responsible for this distribution model.
	+ The facility based counsellors and clinic team shall be responsible for implementing this SOP.
	+ The Site Coordinator, Field Worker and STAR Logistics Officer in collaboration with the clinic team will be responsible for stock management and data process flow.

# DETAILED PROCEDURES

The HIV self-screening kits used in this study will be the *OraQuick HIV SELF-TEST,* oral fluid test*.* The health care facilities implementing Secondary HIVSS kits for partner use are located in Region F in Johannesburg, Gauteng Province and Dr. KK district in the North West Province.

### Offer of HIV self-screening

The following clients will be offered HIVSS:

* All confirmed HIV-positive clients will be offered HIVSS kits to take and offer to their current sexual partner up to a maximum of four HIVSS kits.

### Preparation for facilities distribution model:

1. HIVSS take home kits:
	* Pre-packed kits in disposable bags with:
		+ HIVSS positive referral card for clinic including contact number of clinic nurse and Counsellor
		+ Referral information sheet specific to the distribution clinic
2. IEC materials:
	* Guide to offering HIVSS to partner
	* FAQs

### HIVSS in Facilities algorithm

The diagram in Appendix 1 sets out the process flow algorithm which is more fully described below.

* + 1. Offer of HIVSS kits for partners
			- As part of post-test counselling, all newly diagnosed HIV positive clients will be offered HIVSS kits to take for their current sexual partners to improve partner notification and index testing services.
		2. Eligibility assessment

HIVSS kits are offered to all clients who are HIV positive for their partners except if:

* + - * No current sexual partner
				+ “*Do you have a partner whom you would like to offer an HIV self-screening kit*?”
			* If there is a high risk of violence/harm Assess the woman’s safety:
				+ “*How do you think your partner would react if you offered them an HIV test at home*?”
				+ “*Do you think that you could be unsafe if your partner tests positive at home*?”

\*\* If the client says that the partner may react violently, the counsellor may recommend discussing HIV testing with their partner another time or through other means.

* + - * Partner is a known positive.
		1. Completion of DCF
			- Where the client accepts the offer and is eligible, the counsellor will complete the Partner only HIVSS distribution DCF (See Appendix 2)
		2. Demonstration
			- The counsellor will demonstrate for the client how the HIVSS is done.
			- The counsellor will also provide the client with the frequently asked questions (FAQ) leaflet and advise that the client’s partner can watch a demonstration video on [www.selfscreening.org.za](http://www.selfscreening.org.za/) or carefully follow the IFU in the HIVSS kit.
			- The counsellor will inform the client that their partner can access confirmatory testing at any of the sites on the referral information sheet
			- The counsellor will also inform the client that both the clinic and counsellor’s contact details

are on the referral card for support on partner self-testing at home.

* + 1. Issue HIVSS kits
			- The counsellor will issue the client with 1-4 HIVSS kits depending on their number of current sexual partners.

### After distribution of HIVSS kits for partners:

* At the end of each week, all Partner only HIVSS distribution DCFs will be given by Field Worker to the STAR Site Coordinator for further processing.
* For further details on handling of DCFs see associated SOP 3.1 managing HIVSS stock and data collection system.

Ineligible

Client exists HC facility

Offer HIVSS for partner

Accepted

Offer rejected

Eligible

Demonstration of HIVSS

Completion of partner notification DCF

Eligible

Eligibility assessment for offer of HIVSS for partner

Client tested HIV+ with counsellor

**APPENDIX 1– Facilities HIV Positive index Secondary Distribution Model**

Issue of HIVSS kits for partner

Receive HIVSS exit information

**APPENDIX 2 – Partner only HIVSS DCF**

Date:

 **Partner only HIVSS distribution**

Distribution channel

Male

3D

Workplace

2

Age:

Facility OR

1

Distributor name:

OR Date of birth:

Fixed Point

Integrated mobile Other:

Primary Surname

Contact details:

# HIV self-screen kits given for partner/s

3B

3C

4

Name of Health Facility/Distribution site:

3E

3F

Distribution channel type:

3

Community OR

Farm

Factory

Construction Security

Mining

Other:

1

1

2

Partner 1

Gender:

Three

3

One

Female

3

Transgender

2

3A

Two

TB

FP STI OPD

Other:

years

Four

Partner Information

Primary information

|  |
| --- |
| 1A |
| 1B |
| 1C |

|  |
| --- |
| 2A |
| 2B |
| 2C |
| 2D |
| 2E |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When was the last time you tested for HIV? HIV self-test demonstration:HIV status |  | 1 0-3 mnths1 Yes1 Pos | 2 3-12 mnths2 No2 Neg | 3 More than 12 mnths 4 Never tested3 Unknown |
| **If HIV positive**: Primary Name: |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender of partner: |  | 1 Male | 2 Female | 3 Transgende | r |  |
| Age of partner: |  | years | OR | Date of birth: D | D | M | M | Y | Y | Y | Y |
| Partner 2 |  |  |  |  |  |  |  |  |  |  |  |
| Gender of partner: |  | 1 Male | 2 Female | 3 Transgende | r |  |  |  |  |  |  |
| Age of partner: |  | years | OR | Date of birth: D | D | M | M | Y | Y | Y | Y |
| Partner 3 |  |  |  |  |  |  |  |  |  |  |  |
| Gender of partner: |  | 1 Male | 2 Female | 3 Transgende | r |  |  |  |  |  |  |
| Age of partner: |  | years | OR | Date of birth: D | D | M | M | Y | Y | Y | Y |
| Partner 4 |  |  |  |  |  |  |  |  |  |  |  |
| Gender of partner: |  | 1 Male | 2 Female | 3 Transgende | r |  |  |  |  |  |  |
| Age of partner: |  | years | OR | Date of birth: D | D | M | M | Y | Y | Y | Y |

|  |  |  |
| --- | --- | --- |
| **SOP NO. 3.1** | TITLE: | **HIVSS Stock and Data Management for**:Health Facility Secondary Distribution of HIV Self-Screening Kits for partners of all newly diagnosed HIV positive clients |
|  | PROJECT: | **Wits RHI STAR SA** |  |
| **EFFECTIVE DATE:****April 2018** | **SUPERSEDES #:** |
| **APPROVED BY:** | **DATE: March 2018** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Date** | **Revision Date** | **Reason for Revision** | **Signature** |
| **March 2018** | **March 2018** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## INTRODUCTION

HIV self-screening (HIVSS) kits stock supply and management system is required to ensure that HIVSS kits are adequately managed to meet operational needs and meet the reporting requirements of STAR project.

## PURPOSE

This standard operating procedures document (SOP) provides detailed information on procedures associated with **managing HIV self-screening (HIVSS) kit stock and collecting required data collection forms** from the Secondary Distribution of HIVSS for partners of all newly diagnosed HIV positive clients at the clinics. This channel of distribution, known as the Facilities HIV Positive Index Client Secondary Distribution Model is part of the UNITAID/PSI HIV Self-testing Africa (STAR) Project.

It will govern the process around the following:

* + Forecast ordering of HIVSS kits from STAR
	+ Supply and distribution of HIVSS kits to clinics
	+ Completion of data collection tools (Partner only DCF) for every HIVSS kit issued.

## RESPONSIBILITIES

Primary responsibility is vested in:

* + STAR Programme Manager

Stock management and control and data flow is vested in:

* + STAR Programme Manager
	+ STAR Site Coordinator
	+ STAR Field Worker
	+ Facilities based Counsellors
	+ STAR M&E Project Manager

## DETAILED PROCEDURES

* The STAR Site Coordinator will provide the STAR Programme Manager with monthly forecast of new HIV positive cases per facility, 5 weeks ahead of the implementation month. For example, to forecast HIV positive index clients for April 2018, The Site Coordinator will report an April forecast on the 20th of February 2018. The April 2018 forecast will be based on new HIV positive cases identified in the same month the previous year (i.e., April 2017) and the previous month’s data (March 2018).
* The forecasted number of HIVSS kits + 20% will be pre-packed by STAR Field Workers and team.
* The Field Workers will supply to the Counsellors at facilities on the 25th of the previous month:
	+ HVSS kits according to projected numbers + 20%.
	+ An sufficient number of “Partner only HIVSS DCF forms” in screening books should be handed to the teams
* All stock received will be recorded and signed for on the stock card (Appendix 3) to be kept by the STAR Field Workers and a copy kept at the facility with the Operations Manager.
* The partner only HIVSS DCF forms are printed in screening books which allow completion of the client data in duplicate (by carbon copy)
* The original hand completed data forms will be torn-off from the book and returned by the counsellors. The carbon copies of the completed form will remain in the clinic.
* The original hand completed DCFs will be handed over by the counsellor to the Site Coordinator monthly. The Field Workers will record the number of kits corresponding to the tally of kits issued as reported on the DCFs and keep a running total of HIVSS kits on hand at each clinic.
* The completed DCFs will the handed to the STAR M&E team on Monday morning for capturing

of previous weeks’ data

* The following month’s HIVSS kits projections +20% will be reduced by any unused HIVSS kit stock collated by the Site Field Logistics Officer during the weekly tally.
* The counsellor will ensure batch controlled distribution by using “LOT Number” by distributing

one “LOT” at a time and taking into account the “expiry date” (see Appendix 3).

* + A first-in first-out distribution of test kits will be done using date of delivery to site as

the stock “in” date.

* In case there is not sufficient HIVSS kits for distribution, the Field Workers can call/email the Site Coordinator and request more kits.

**APPENDIX 3: HIV SELF-SCREENING KITS STOCK CARD**

|  |  |
| --- | --- |
| **Item: HIV Self-Screening Kits** | **Units of issue in box: 250 kits per box** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **# kits issued** | **LOT Number** | **Waybill #** | **Expiry date** | **From** | **Signature** | **To** | **Signature** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |