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| **SOP NO. 4** | TITLE: | Workplace Distribution of HIV Self-Screening Kits |
|  | PROJECT: | **Wits RHI STAR SA** |  |
| **EFFECTIVE****DATE: November 2017** | **SUPERSEDES #:** |
| **APPROVED BY:** | **DATE: March 2018** |

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| **March 2018** | **March 2018** |  |  |
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# PURPOSE

This standard operating procedures document (SOP) provides detailed information on procedures associated with distributing HIV self-screening (HIVSS) kits through the Workplace Distribution Model. This channel of distribution, known as the Workplace Distribution Model is part of the UNITAID/PSI HIV Self-testing Africa (STAR) Project.

# RESPONSIBILITIES

The Senior Programme Manager (for sub-contractors) and the Field Site Co-ordinator and Field Officer Supervisors (for Wits RHI) shall be responsible for training the Sub-contractor/Wits RHI STAR community team respectively on this SOP.

*For the Sub-contractor/s*

The sub-contractor will be responsible for implementing this SOP subject with supervisory visits from STAR Senior Programme Manager/Programme Manager.

*For Wits RHI*

The Field Site Co-ordinator, Field Officer Supervisors and Distributors - shall be responsible for implementing this SOP.

# DETAILED PROCEDURES

The HIV self-screening kits used in this study will be the OraQuick Advance Rapid HIV 1/2, oral fluid test. The workplaces targeted for workplace distribution are located throughout Gauteng, Mpumalanga and North West Provinces. Where possible self-screening kit distribution will be integrated within existing workplaces employee wellness programmes.

# Baseline assessment of workplace

Workplace HIVSS distribution is aimed at targeting workplaces with large male workforces with poor HIV testing coverage. Targeted workplaces are required to provide a description of any workplace offered HIV testing programme and the following data:

* + - Total employees disaggregated by age and gender
		- Total employees tested for HIV in last 12 months disaggregated by age and gender (where available)
		- Total employees on ART (where available)

Workplaces specifically targeted are those in the following sectors:

* + - Mining
		- Construction
		- Manufacturing
		- Security
		- Petroleum
		- Agriculture

# Offer of HIV self-screening

The following employees will be offered HIVSS:

* All employees will be offered an HIVSS to take home with option to HIVSS on site if preferred (assistance available)
* All clients opting for HIVSS for their partner if their partner is:
	+ Male; or
	+ if client reports not knowing their partner’s status or knowing their partner has not been tested recently.

# Preparation for Workplace Distribution Model:

* Permission granted by employer.
* Detailed plan for access to address all targeted employees. This will be different for each workplace depending on negotiation with employer.
* Equipment and consumable preparation:
1. HIVSS kits:
	* Prepacked kits in disposable bags with:
		+ Blank HIV self-read card
		+ HIVSS positive referral card for workplace/public clinic including contact number of Sub-contractor/STAR supervisor and nurse
		+ Referral information sheet specific to distribution site
2. IEC materials:
	* Fast Facts
	* FAQs
3. Equipment:
	* Demonstration table and chairs
	* 2 pop-up cubicles/gazebos with table, chair, disposal bin, light and alarm clock
	* Return box for used kits
4. DCFs:
	* Workplace Distribution DCF

# Workplace Distribution Variations

This model has 2 variations:

* No confirmatory testing available on site
* Confirmatory testing available on site Confirmatory testing is only provided where:
* There are human resources available to provide confirmatory testing e.g. an additional counsellor or a Distributor/field supervisor who is also as a trained counsellor
* Sufficient space at the location to set up an additional gazebo to provide confirmatory testing

*SOP adaptions for where confirmatory testing is provided on site are reflected throughout in italics.*

# Workplace Distribution location set-up

The diagram in Appendix A (without confirmatory testing) and *B (with confirmatory testing)* sets out the ideal location set up. However every workplace is different requiring adaption of the ideal set up. Importantly, site set-up should always prioritize providing clients with confidentiality and protection against inadvertent HIV status disclosure.

# HIVSS Workplace Distribution algorithm

The diagram in Appendix 3 set out the process flow algorithm which is more fully described below.

* + 1. Recruitment

Two types of recruitment are most commonly used in workplaces:

* + - 1. Pre-planned groups

Employees will be addressed in groups that have been set up by the employer

e.g. before or after a shift or during a specified time within the work day.

* + - 1. Wellness day or HIV testing day campaign

Employees are encouraged to attend wellness/HIV testing service providers located at designated place in workplace. Employees either approach the HIVSS distribution station or are approached by Distributors to mobilize them to attend the service.

* + 1. Demonstration
* Employees will receive group pre-test counselling and a demonstration of an HIVSS.
* Where workplace has a media system, the demonstration can be supported by video demonstration.
* Employees will be encouraged to mark on self-reading card their reading of their result and place it with the used HIVSS kit in the bag provided and return anonymously into return box provided at workplace.
* Employees will be asked if they would agree to telephonic follow-up after use of the HIVSS and if they do agree to include their telephone number on the DCF.
* *Clients are informed that there is confirmatory rapid testing available on site and that they can HIVSS on site and if they screen positive can immediately access confirmatory testing.*
	+ 1. HIVSS offer
* Employees are then offered an HIVSS to take home or HIVSS on site in pop-up cubicle. On-site HIVSS ensures that employees can request assistance if desired.
* Employees are also offered an HIVSS for their sexual partner if he is male. Where an employee asks for HIVSS kits for their female partner, they will be provided with a HIVSS kit if they report that they do not know the status of their partner or know their partner has not tested recently.
* Where an employee knows he/she is positive, the employee can request an HIVSS for their partner only.
	+ 1. Completion of DCF
* Where the employee wants an HIVSS for himself/herself only or himself/herself and their partner, the Distributor completes the Workplace Distribution DCF (annexure 4) indicating whether:
	+ Whether confirmatory testing was available or not.
	+ Whether the employee has chosen to complete HIVSS on-site or not.
	+ Whether the employee agrees to telephonic follow-up after the distribution and if so, record the employee’s telephone number.
* Employees can be asked to assist with completion of the workplace DCF. Where the employee completes, it must be checked by Distributor before the Distributor issues the pre-packed HIVSS kit.
* Where the employee know his/her status and it is positive, the Distributor completes the Partner only HIVSS DCF (Annexure 5) indicating the distribution channel as “Workplace” and workplace sector in “Distribution Channel Type”.
	+ 1. HIVSS distribution for home use
* The employees are provided with pre-pack HIVSS take home kits, given IEC materials, reminded that they can call any of the numbers on the referral information in their packs should they require further support and leave the distribution point.
* The employees are encouraged to bring back their used HIVSS (in anonymous bag provided) and place in return bin provided at the workplace.
	+ 1. HIVSS distribution of on-site use (assisted)
* Distributor leads employee to pop-up cubicle and offers assistance if required. Distributor explains to employee that after completion of HIVSS the employee needs to:
	+ mark on self-reading card their reading of their result and place in front pouch of disposal bag
	+ place used HIVSS in unnamed disposal bag together with kit packet (for batch number) and seal
	+ give sealed bag to Distributor on exit who feels to check used kit in bag and places in return box.
	+ all other waste disposed of in pop-up cubicle.
* Distributor sets timer on outside of pop-up cubicle so that client and Distributor are aware of 20 minute count down from start of test.
* Distributor is available to support any question or confirm employee reading of HIVSS if asked.
	+ 1. After completion of on-site HIVSS
* The Distributor joins employee in cubicle where:
	+ Client is reminded if the client screened positive, they should attend immediate confirmatory HIV rapid testing and is offered support to link the client to confirmatory rapid testing.
	+ Client is reminded if the client screened negative of the 3 month window period.
* Where client indicates they do not want or need confirmatory rapid testing, they leave the site.
* Where client requests confirmatory rapid testing, the client is linked to confirmatory testing provided by either:
	+ The workplace wellness clinic/service (including linked GP network)
	+ The closest public sector facility
	+ *Confirmatory testing gazebo on-site:*
		- *This requires further completion of the section on the DCF which specifically refers to on-site confirmatory testing*
		1. Further process for clients after attending confirmatory rapid testing
* The workplace wellness clinic/service (including linked GP network)
* The closest public sector facility

# After distribution:

* + 1. **Equipment and HIVSS kits**
* All equipment taken down, carefully packed in trailer for next day.
* Any broken or missing equipment reported to Sub-contractor person in charge/STAR Field Logistics Officer
* All unused pre-packed HIVSS kits (on site and for home) returned to office and checked back into HIVSS storage

# Data process:

* HIVSS on-site used kits are opened and read and compared with self-reading cards.
* These results together with self-reading cards and DCFs are returned to Sub- contractor office/STAR field worker supervisor who enters into monthly summary distribution sheet (see detailed M&E plan).

# Follow-up procedures for off-site self-screening

* Employees consenting to telephonic follow-up and providing their telephone number will be contacted 2 weeks after HIVSS distribution and asked:
	+ Do you agree to this telephone follow-up on the use and results of your HIVSS?
	+ Did you use the HIVSS?
	+ If yes, are you willing to share the results of your HIVSS?
	+ If yes and screened positive, have you attended confirmatory testing?
	+ If yes, have you linked to care i.e. have you gone to clinic to prepare and start ART?
	+ If yes, have you initiated ART.
* Where the employee took an HIVSS for her/his partner, the employee will also be asked:
	+ Did your partner use the HIVSS?
	+ If yes, do you know and are you willing to share the results of your partner’s HIVSS?
	+ If yes and screened positive, do you know if your partner attended confirmatory testing?
	+ If yes, do you know if your partner linked to care?
	+ If yes, do you know if your partner initiated ART.
* Where the employee indicates that they/partner screened positive but have not gone for confirmatory testing yet:
	+ 2 weeks later call again to follow-up on linkage to confirmatory testing, linkage to care and initiation on ART.
* During all telephonic follow-up, provide support to the employee as needed:
	+ Encouraging use of HIVSS if not used yet
	+ Encouraging and providing assistance to link to confirmatory testing and ART initiation.

# APPENDIX I – Workplace Distribution Site set-up – no confirmatory testing

HIVS S

HIVS S

Distributor provides support if needed and receives disposable bag with used test and self-read card places in box

Demonstration

HIVSS home OR on site choice offered DCF completed (Distributors)

HIVSS Demonstration & Distribution table

# APPENDIX 2 – Workplace Distribution Site set-up – with on-site confirmatory testing

HIVSS

HIVSS

HIVSS

HIVSS

HIVSS

HIVSS

Demonstration

HIVSS home OR on site choice offered DCF completed (Distributors)

HIVSS Demonstration & Distribution table

Go Home

**Exit Gazebo** Restate:

* if HIVSS neg window period
* if HIVSS pos need and can immediately offer confirmatory rapid testing
* Provide rapid testing and linkage support

Distributor provides support if needed and receives disposable bag with used test and self-read card places in box

**APPENDIX 3 – HIVSS Workplace Distribution algorithm**

Client recruited to site

Demonstration of HIVSS

Client offered HIVSS home or on-site

Opted for HIVSS on site Opted HIVSS home

Distributor completes DCF Distributor completes DCF

Self-Screens in private

Distributor offer support to link to confirmatory testing

Requests

Confirmatory testing

DOES NOT Request Confirmatory testing

Link/Provide

Confirmatory testing

Drops HIVSS in box

Leave testing site

**Workplace distribution**

Wi th confirma tory testing

Wi th NO confirma tory testing

|  |  |
| --- | --- |
| Workplace name: |  |
| Distributor name: |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Date of distribution: |  | D | D | M | M | Y | Y | Y | Y |  |  |  |
| Workplace type |  | 1 | Farm |  |  |  | 2 | Factory | 3 | Construction |
|  |  | 4 | Security |  |  |  | 5 | Mining | 99 | Other, specify:  |
| Home township/suburb: |  |  |  |  |  |  |  |  |  |  |
| Gender: |  |  | Male |  |  | Female |  | Transgender |  |  |

Age: years OR Date of birth:

1

2

3

4

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

When was the last time you tested for HIV?

0-3 months

3-12 months

More than 12 months

Never tested

HIV self-screen demonstration: Yes No

1

2

**HIV self-screen kit for partner: If YES:**

Gender of partner:

Yes

Male

1

1

No

Female

2

3

2

Not applicable

*(if no partner)*

3

Transgender

99

Not offered

Age of partner: years OR Date of birth:

1

2

3

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

**HIV self-screen on site (not taken home)**

Yes

No

Not offered

 *site*

Requested confirmatory rapid testing Yes No

1

2

Attended confirmatory testing

*Only to be completed if attending confirmatory testing on*

Yes on site

Yes off site

No

Unknown

 *site*

1

2

3

4

Name Surname Date of Birth

D D M M Y Y Y Y

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Identify number (if SA) Contact telephone number

1

2

3

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Rapid #1 result

1

2

3

Pos

Neg

Invalid

Rapid #2 result

Pos

Neg

Invalid

**Partner only HIVSS distribution**

1

2

Distribution channel

Community OR

Facility OR 3 Workplace

Distribution channel type:

Name of Health Facility/Distribution site: Distributor name:

Date:

Gender:

Fixed Point Integrated mobile Other:

Male

1

2

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

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

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

Female

TB FP STI OPD

Other:

Transgender

3

Farm Factory

Construction Security

|  |
| --- |
| 3A |
| 3B |
| 3C |
| 3D |
| 3E |
| 3F |

Mining

Other:

Age: years OR Date of birth:

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| When was the last time you tested for HIV? | 1 | 0-3 mnths | 2 | 3-12 mnths | 3 | More tha n 12 mnths | 4 | Never tested |
| HIV self-test demonstration: | 1 | Yes | 2 | No |  |  |  |  |

HIV status

Primary information

Pos

Neg

Unknown

**If HIV positive**: Primary Name:

1

2

3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Primary Surname

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Contact details:

# HIV self-screen kits given for partner/s

One

1

Two

2

Three

3

Four

4

 Partner 1 Partner 3

1

2

3

1

2

3

Gender of partner:

Male

Female

Transgender Gender of partner:

Male

Female

Transgender

Age of partner: years OR Date of birth: Age of partner: years OR Date of birth:

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

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

 Partner 2 Partner 4

1

2

3

Gender of partner:

Male

Female

Transgender Gender of partner:

Age of partner: years OR Date of birth:

Version 3.0

19-Feb-18

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

|  |  |  |  |  |  |  |  |
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Age of partner: