**APPENDIX A**

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN**

**NATIONAL AIDS CONTROL PROGRAM**

**HIV Testing Services (HTS) Eligibility Screening Job Aid**

**General Guidance**

HTS screening is recommended for all persons accessing health services in the community and facility settings. This job aid is to be used by trained health care providers at the facility and in the community. Screening procedures are as described below, and screening activities will be done after health education is provided to the clients.

**Guiding Principles**

* All clients who meet the HTS eligibility criteria should be offered HTS in accordance with national guidelines.
* Screening must be conducted in a private area, ensuring the confidentiality of all clients.
* Clients who do not meet the eligibility criteria but who insist on HIV testing should not be denied HTS.
* Consent from a parent or guardian must be obtained before testing a minor (below 15 years old). Parental consent is not needed for a minor who is married, pregnant, sexually active, or otherwise believed to be at risk for HIV infection (mature minor).

**Instructions:**

* This is a Job Aid, do not fill it in or record the responses.
* Screening outcomes should be recorded in the HTS screening register.
* For 15 years and older use the HTS Screening Flowchart first, then ask the risk screening questions.
* If risk screening is needed, ask all questions in all sections.
* If the answer to any of the risk screening questions is “Yes” 🡪 REFER FOR HTS.
  + If the screener is a qualified HTS provider, then offer HTS. If the screener is not a qualified HTS provider, refer the client to a qualified HTS provider.
* If the answer to all risk screening questions is “No”, provide other services as appropriate.

**HTS Screening Flowchart for clients 15 years and older**

**No**

**Ever tested for HIV?**

**Yes, last result is unknown, indeterminate or HIV-positive**

**Test done less than 12 months ago?**

**Test done 12 months or more ago?**

**Yes, last result negative**

**If indeterminate: Offer HTS**

**If Unknown:**

**Offer HTS**

**Offer HTS**

**Offer HTS**

**Administer risk screening questions. If yes to any of the questions, offer HTS.**

**Link to CTC if has referral form**

**Offer HTS**

**Stop Here if has CTC1 card**

**Has No evidence (CTC1 card or referral form)**

**Has evidence (CTC1 card or referral form)**

**If HIV-Positive:**

***General Instructions****: A*sk all questions in parts A, B, C, D and E. If the answer is “Yes” to any questions: 🡪 REFER FOR HTS.

**HTS Risk Screening questions for adult clients (15 years and older)**

1. **Testing History**

|  |  |  |
| --- | --- | --- |
| **Questions: Has the client…** | | |
| 1. Never tested? | Yes | No |
| 1. Testing done more than 12 months ago? | Yes | No |
| 1. Last HIV tests are unknown or were indeterminate ? | Yes | No |
| 1. Reports to test HIV positive but no any evidence? (CTC1 card or referral form) | Yes | No |

1. **General Health Assessment**

|  |  |  |
| --- | --- | --- |
| **Questions: Have you had** | | |
| 1. Swollen glands/lymph nodes? | Yes | No |
| 1. Mouth ulcer/sores/thrush? | Yes | No |
| 1. Recurrent skin diseases? | Yes | No |

1. **Tuberculosis (TB) Symptoms Assessment**

|  |  |  |
| --- | --- | --- |
| **Questions: Have you had…** | | |
| 1. Cough more than two weeks? | Yes | No |
| 1. Fever more than two weeks? | Yes | No |
| 1. Night sweats for any duration? | Yes | No |
| 1. Noticeable weight loss? | Yes | No |
| 1. Blood stained sputum? | Yes | No |

1. **STI Symptoms Assessment**

|  |  |  |
| --- | --- | --- |
| **Questions: Have you had…** | | |
| 1. Abnormal discharge form vagina or penis? | Yes | No |
| 1. Burning, itching, or pain when you urinate (pee)? | Yes | No |
| 1. Any ulcer/sore or warts in your genital area? | Yes | No |

1. **HIV Exposure Assessment**

|  |  |  |
| --- | --- | --- |
| **Questions: Have you had…** | | |
| 1. Unprotected sexual intercourse with a person with HIV or with a person whose HIV status you did not know? | Yes | No |
| 1. Sex while under the influence of alcohol and or drugs? | Yes | No |
| 1. More than one sexual partner in the last 12 months? | Yes | No |