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**SCREENING TOOL FOR CRITERIA ON HIV PREVENTION SERVICE**

**INSTRUCTION: Fill this form to each HIV Negative Client aged 15 and above years (Part A – N) and All HIV+ Clients Identified (Part 0)**

**PART A: RISK AND VULNERABLE BEHAVIOURS THAT COULD LEAD TO HIV INFECTION**

|  |  |
| --- | --- |
| 1. Have you ever had sex without using a condom with HIV+ Client? | □ Yes (A1)  □ No |
| 1. Have you ever had sex with someone with unknown HIV Infection status? | □ Yes (A2)  □ No |
| 1. Have you ever had sex while drunk? | □ Yes (A3)  □ No |
| 1. Have you ever had sex while on drugs use? | □ Yes(A4)  □ No |
| 1. Have you had more than one sexual partners in past 12 months? | □ Yes (A5)  □No |
| 1. Have you had sexual transmitted disease like syphilis? | □ Yes (A6)  □ No  For Men’s continue with question number 7 and Skip to Question Number 8 for Females. |

**PART B: VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)**

|  |  |
| --- | --- |
| 1. Do you know the benefits of male Circumcision? | □ Yes  □ No (VMMC Education should be provided) |
| 1. Have you received male circumcision services? | □ Yes  □ No (B8)  (Continue with Part C in regards with any answer on Part B above.) |

**PART C: GENDER BASED VIOLENCE**

|  |  |
| --- | --- |
| 1. Have you ever received threats or physical harm? | □ Yes (C9)  □ No |
| 1. Have you ever been forced to have sex in the past one year? | □ Yes (C10)  □ No |
| 1. Have you ever faced neglection or been threatened with it? | □ Yes (C11)  □ No |
| 1. Have you ever received a death threat? | □ Yes (C12)  □ No |

**PART D: DRUG AND DRUG ABUSE**

|  |  |
| --- | --- |
| 1. Have you abused drugs in the last 12 months? | □ Yes  □ No, Skip to **Part D** |
| 1. Have you used injectable drug abuse? | □ Yes – PWID – (D14)  □ No – Not PWID |

**PART E: SEXUAL BEHAVIOURS**

|  |
| --- |
| 1. **Please refer to Part A;**  * **For all clients with high risk and vulnerable behavior, Men Skip to F and Female Skip to G** |

**PART F: MEN WHO HAVE SEX WITH MEN**

|  |  |
| --- | --- |
| 1. Have you ever had sex with Men’s, Women’s or Both? | □ Men’s, □ Women’s □ Both  \*If had sex with Men or Both (F16) MSM |

**PART G: FEMALE SEX WORKER**

|  |  |
| --- | --- |
| 1. Have you ever had sex to get things, money, or favors within the past 6 months? | □ Yes **(G17)**  □ No, please continue with **“K” Other High Risk and Vulnerable Group for HIV Infection.** |
| 1. Is sexual activity the primary source of income? | □ Yes  □ No, Skip to **“I”** AGYW.  \* If the answer is yes to question number 17 and 18 - (**FSW)** |

**PART H: DISCORDANT COUPLES**

|  |  |
| --- | --- |
| 1. Are you in a sexual relationship with someone who has HIV? (Please refer to Part A or rescreen a client) | □ Yes (H19) Continue with question number 20  □ No (Skip to **“I”** for Female and **“J”** for Male) |
| 1. If yes, check the following criteria of his partner. | Criteria:  □ Not Started ART  □ Not on ART for the last 6 Months  □ Has doubts about adherence or use of ART drugs  □ The partner had no evidence on HVL Suppression  \*If a client had any of above criteria **(H20)** |

**PART I: ADOLESCENT GIRL AND YOUNG WOMEN**

|  |  |
| --- | --- |
| 1. Are you currently enrolled in school or college? | □ Yes Skip to Part “K” **Other High Risk and Vulnerable behavior for HIV Infection** □ No → Continue with question number 22 |
| 1. Age between (15-24) \_\_\_\_\_\_\_\_\_\_ | If not at that age group, Please skip to **Part** **“K”** |
| 1. Impact on high risk environment | **Criteria:**  □ Within the past six months, have you ever had sex to get things, money, or favors  □ Having Sexual Relationship with People Who Inject Drugs  □ Survivor for Sexual Violence  □ Infected with Sexual Transmitted Diseases within past 3 Months  □ Having Unprotected Sex within last 3 Months  \*If a client had one or more of these criteria, AGYW **(I 23)** |

**PART J: ADOLESCENT GIRLS AND YOUNG MEN**

|  |  |
| --- | --- |
| 1. Are you currently enrolled in school or college? | □ Yes Skip to Part “K” **Other High Risk and Vulnerable behavior for HIV Infection** □ No → Continue with question number 22 |
| 1. Age between (15-24) \_\_\_\_\_\_\_\_\_\_ | If not at that age group, Please skip to **Part** **“K”** |
| 1. Impact on high risk environment | **Criteria:**  □ Within the past six months, have you ever had sex to get things, money, or favors  □ Having Sexual Relationship with People Who Inject Drugs  □ Survivor for Sexual Violence  □ Infected with Sexual Transmitted Diseases within past 3 Months  □ Having Unprotected Sex within last 3 Months  \*If a client had one or more of these criteria, ABYM **(I 23)** |

**PART K: OTHER HIGH RISK AND VULNERABLE GROUP FOR HIV INFECTION**

|  |  |
| --- | --- |
| 1. Is a client a prisoner or detainee? | □ Prisoner □ Detainee  \* If a client is a Prisoner or Detainee **(K27)**  □ None of the above |
| 1. Seasonal and Migration Groups | □ Long Truck Driver  □ Fishers  □ Miners  □ Farmers on Large Scale Fields/Plantations  □ Road Constructers  \*If a client follows on above Group **(K28)**  □ None of the above |
| 1. Other High Risk Group for HIV Infection | □ Disabled  □ Street Children’s and Orphans  □ Street Child workers  \* If a client follows on above one of a Group **(K29)**  □ None of the above |

**PART L: KEY AND VULNERABLE POPULATION GROUP**

|  |  |
| --- | --- |
| 1. List of Key and Vulnerable Population Group (Select only one Group) | □ Discordant Couples  □ People who inject Drugs (PWID)  □ Male Sex with Male (MSM)  □ Female Sex Worker  □ Adolescent Girls and Young Women  □ Other Drug Abuse User  □ Detainee  □ Seasonal and Migration Group  □ Other groups (Select)  \*If a client follows on above group and others, please fill a register with respective Codes.  □ None of the above |

**PART M: ASSESMENT ON RE-TESTING SERVICES AND MESSAGES**

1. **Please refer to National HTS Guideline, 2021 Page No 56.**

**PART N: ASSESSMENT ON CLIENT REFERRAL SERVICE FOR PREVENTION SERVICE**

|  |  |
| --- | --- |
| **32. Prevention Services** | **Service Provision** |
| PrEP | Referral to PrEP Service Unit |
| PEP | Referral to PEP Service Unit |
| KP | Referral to Key Population Service |
| Post GBV Services | Referral to Gender Desk Officer/Social Welfare Officer |
| MAT | Referral to Methadone Treatment Clinics |
| VMMC | Referral to the Voluntarily Medical Male Circumcision Services Unit |
| AGYW/ABYM | Referral to Youth Friendly Service for AGYW and ABYM |
| STI | Referral to STI Treatment Units |
| Other (Mention) | Referral to specific Unit and Service Delivery Point |

**PART O: ASSESSMENT OF CLIENT ENGAGEMENT AND RE-ENGAGEMENT INTO HIV CARE AMONG NEWLY DIAGNOS/ED POS CLIENTS**

|  |  |
| --- | --- |
| **33. Newly Diagnosed HIV Positive** | |
|  | ***Assessment Tool for Newly Diagnosed HIV Positive Client*** |
| a) People not previous reached | 1. Have you ever tested for HIV? If Yes, what was a results?...........  1a). If a client results was HIV Negative, and was given results within one year, please continue to Item (d)  1b). If a client results was HIV Positive, Please continue with item (b) |
| b) People reached but not successfully link | 1.(a); Client was not link to services, determine reason for not been linked to Care and Treatment Service  1(b) If a client was linked to care and treatment, please continue with item (c) |
| c) People previous on ART cycling in/out of ART services | 1. Have you ever had a long term medication? If the answer is yes, please screen for a disease or treatment with long-term drugs  2. Are there any long-term medications you are taking? What do they look like? What diseases/Health condition did you have until you were given those medicines?  3. Have you ever used an ART drug and had some side effects? This will help determine a suitable regimen for the client.  4. What services would you like to receive at our CTC Clinics in relation to client centered services (The purpose is to determine if a client stops the ART service due to poor client service at our CTCs and seems to opt to start again at another clinic as a new client without a transfer). |
| d) People recently infected (previous tested negative) | How long has it been since you were tested for HIV and were told you were HIV-negative?   1. A year 2. Six Months 3. One Month 4. Three months (if a client is a pregnant woman or a couple planning marriage) 5. More than one year- clients falls under category (a) people not previous reached. |

