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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) □ NoFor 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 Service1(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 drugs2. 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.
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