Zimbabwe HIV Burden:

In 2014, 1.2 million lives were lost to HIV and AIDS, while 2.0 million people became newly infected(1). The majority of the burden is in Sub-Saharan Africa, where 71% of the global total of people living with HIV reside(2). Zimbabwe is one of the worst affected countries with an HIV prevalence of 15% and an estimated 54,994 AIDS related deaths in 2014(3). Interventions to prevent and treat HIV remain important in efforts to contain the epidemic. Key to these efforts is HIV testing, which is the gateway to accessing interventions for prevention and/or treatment of HIV. Recent evidence of effectiveness of early treatment of HIV (4, 5) and the subsequent 2015 WHO “treat all” recommendations make it critical to optimise methods of identifying HIV infected individuals. UNAIDS have set global treatment targets, 90-90-90, that require that by 2020, 90% of people living with HIV are diagnosed, of whom 90% are on treatment and that 90% of those on treatment are virally suppressed(6). Many settings are still far from reaching the first HIV testing target: globally it is estimated that only 54% of people living with HIV are aware of their status(6). In Zimbabwe, the 2015 Demographic and Health Survey found that 49% and 36% of women and men respectively had been tested for HIV in the past twelve months(7). Rates of HIV testing are lowest among men, adolescents and marginalised groups such as sex workers.(8) Barriers to testing include concerns about stigma, fear of prognosis, lack of awareness of HIV risk, and the inconvenience, transportation and opportunity costs incurred.(9, 10) Innovative models of
provision of HIV testing services are required to ensure that all those infected benefit from treatment, thereby reducing their risk of onward sexual or vertical transmission.

**HIV Testing Services:**

**Introducing HIV Self-Testing (HIVST):**

HIV self-testing is a process enabling an individual who wants to know his/her HIV status to collect a specimen, perform a test and interpret the test result in private or in the presence of someone they trust.

HIVST in this context is a screening/triaging test to detect HIV-1 & HIV-2 antibodies, and does not provide a definitive diagnosis. Any reactive HIV result from self-test must be confirmed by a health care worker in accordance with existing national HIV testing algorithm in Zimbabwe.

HIVST has the potential to scale up acceptability and access to testing, both in the general population as well as in hard-to-reach populations such as men and adolescence. It provides confidentiality and empowers users to be solely responsible of their own HIV status.

It also appeals to potential testers who may be reluctant to access HTS under the current PITC and CITC options, whereby the test is conducted by a professional healthcare worker and results given to the client.
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Introduction to HIVST Community Volunteer Trainer’s Manual

Note to the facilitator:

Ensure that you read this introduction to the facilitator manual and the course overview thoroughly before beginning the training and ensure that you master it well.

Please note that throughout the training manual, facilitator instructions are in italics to differentiate instructions from general text.

Purpose of the Manual

This document provides guidance to training of community volunteers for HIV self-testing.

Audience

Participants are chosen from the communities where they reside; these are people who have been previously involved in community health education programs, and are familiar with HIV/AIDS issues. The community volunteer is best strategically positioned, he is aware of the local socio-cultural issues, myths and misconceptions and can make a difference in the lives of the communities he serves.

The volunteer will be capacitated to sharpen his communication skills and demonstrate the use of HIVOFT or (Blood Based Self-Test) kits for self-test. She/he will have skills to empower men and women to protect their health, and the potential to influence communities to embrace HIVST as an additional HIV testing strategy being piloted Regionally.

Community volunteers participating in this training are expected to have basic literacy levels, able to read and write, as well as ability to embrace the use of technology for electronic data capturing such as data tablets and cell phones.

Participants in this workshop should constantly keep in mind how they ought to be presenting themselves in their community work, making them accountable.

They are encouraged to have knowledge of mitigation of social harms that may arise through the introduction of HIVST, and should have knowledge of reporting channels.

The Trainer

Training officers are people with knowledge and experience in HIV testing and counselling services and should have knowledge of locally spoken languages.

They should have experience in community mobilization strategies.
Provincial and district medical offices shall complement this training effort by making available individuals in charge of community health programs or trainings to join facilitators panels in their respective locations.

A pre- and post-workshop evaluation of levels of knowledge during the training of dedicated HIVST volunteers shall be conducted to help measure learning outcomes, and guide training manual readjustments for future trainings.

**Training Principles**

A successful training should take into consideration participants’ needs and preferences.

**Training Methodology**

Adults learn new information and skills in a way that is different from how they learned as children.

In order for the training to be effective, it must:

- Be participatory
- Be supportive
- Build on the participants’ experience
- Be relevant
- Use local language/dialect as required
- Allow for self-directed learning

This training manual suggests that trainers use **interactive methods** to stimulate **active participation** and ensure that learning objectives are met.

These methods include:

- Plenary group discussions
- Small group work
- Role plays
- Games
- Brainstorming sessions
- Demonstrations
- Practical sessions

- Recording of key points, issues, suggestions, new practices and solutions identified during the workshop.

(*) One of the facilitators needs to act as a rapporteur to record workshop issues as they arise, and they can then be synthesized as a brief addendum to this training manual to support future capacity building.

**Training Material/Tools**

The following materials will be needed throughout the training:

- Flipcharts for noting
- Pre–loaded videos
- Sample HIVST Kits-(One per group of 2-3 participants)
- Overhead projector/tv set( where possible)
- Laptop/tablet
- Adhesive paper
- Markers- different colors
- Writing material/note pads and pens/pencils
- Connection points for electricity
- Sticky stuff
- Tablets and cellphones for IFU demo video and data

**List of handouts:**

- Copies of the training schedule
- Self-testing brochures
• Roll-up

Materials for interactive sessions such as games

Reference material:

Let’s provide a list of reference documents useful to the facilitator e.g. testing guidelines

Number of facilitators per class: Minimum 2 but varies

Maximum number of participants per class: Generally, not more than 40

Training duration: 2.5 days

**Administrative Tasks**

Address any administrative tasks or announcements. For example, you may need to explain the arrangements that have been made for lunches, transportation of participants, or payment of per diem. This is a good time to distribute the course schedule

**Managing Time**

The entire curriculum is important; however, the trainer should acknowledge the particular needs, knowledge and experience level of the group and make adjustments accordingly.

Each trainer should therefore allocate time to ensure that the key concepts of each module are addressed and the program presented to meet the participant’s needs.

---

**Trainer Preparation Checklist**

**Daily preparation**

Each day arrive with enough time to set up the materials and equipment and arrange the furniture and audio-visual equipment in a way that fosters learning and team work. An informal arrangement is more comfortable than the auditorium type

**Climate setting**

Ensure that the physical environment is comfortable, well lit, and adequately equipped. Create a psychological environment where the participants feel accepted, respected and supported.

**Room setup**

Because this course uses a combination of didactic, interactive, and experimental techniques, the teaching room should have tables and chairs that can be re-arranged easily. For didactic presentations, the room should be set up so that all participants can see the slides or overhead projections. For interactive activities, more informal arrangements work best. In either case you may need to arrive early to organise the room.
Abbreviations:
AIDS: Acquired Immune Deficiency Virus
ART: Antiretroviral Therapy
ARVs: Antiretroviral Drugs
CBDA: Community Based Distributing Agent
EMTCT: Elimination of mother-to-child HIV transmission
FAQs: Frequently Asked Questions
GBV: Gender-Based Violence
HF: Health Facility
HIVST: HIV Self-Testing
HIVOFT: HIV Oral Fluid Test
HIV: Human Immunodeficiency Virus
HCW: Health Care Worker
HTC: HIV Testing and Counseling
HTS: HIV Testing Services
IPC: Interpersonal communication
M&E: Monitoring and Evaluation
MoHCC: Ministry of Health and Child Care
CITC: Client Initiated HIV Testing and Counselling
PITC: Provider Initiated Testing and Counselling
PMTCT: Prevention of Mother-to-Child HIV Transmission
PSI: Population Services International-Zimbabwe
SAEs: Social Adverse Events
STI: Sexually Transmitted Infection
UNAIDS: Joint United Nations Program on HIV/AIDS
VMMC: Voluntary Medical Male Circumcision
WHO: World Health Organization
Course Overview

Session 1: Background
- Workshop objectives
- STAR Project Introduction
- Volunteers role in the project
- Pre-test evaluation

Session 2: Basic HIV Knowledge
- HIV Transmission
- HIV Prevention
- HIV treatment with ARVs
- HIV sero-discordant couples

Session 3: What is HIV Testing?
- Definition and process (National HIV Testing Algorithm)
- Key components of HIV testing in general
- Issues for consent
- Modes of HIV testing service delivery

Session 4: What is HIV Self-Testing?
- Definition
- Why using HIVST (Addressing testing barriers with current HTC model)
- Meaning of a “Triaging Test” and “Confirmatory Test”
- Self-testing modalities:
  - Assisted self-testing (CBDA present/CBDA administered)
  - Non assisted self-testing (CBDA absent)

Session 5: Description of Zimbabwean HIVST Distribution Models:
- New Start Model description
- CBDA Model description
- VMMC-Fixed Site and VVMC IPC Mobilizer
- Sex Worker/ MARPS Model

Session 6: Community Engagement and General approach to Sensitization:
- Customer Service
- Archetypes and Messaging
- Community engagement and general approach to Sensitization
- Household Entry Procedure: Session Approach for HIV Self-Testing

Session 7: HIVST Demonstration:
- HIVST (OraQuick) Description & IFU – “Instructional Video
OraQuick Results Interpretation & Meaning:
- Common Errors:

Session 8: The Role of the CBDA
- What are CBDA roles and responsibilities?
- What does performing this role actually look like?
- The CBDA Role in Upholding the 6Cs

Session 9: Linkage to Post Testing Services
- Messaging for negative self-testers
- Practical Barriers for linkage to care
- Motivation strategies to linkage:
  - Motivation messages to linkage
  - Motivational interviewing to promote linkage (IPC skill)
- Linkage tools:
  - Self-referral slips
  - Household follow-up visits by community volunteer
  - Directory of referral sites within/nearby
  - Menu card of health services
- Social Harms Identification and Reporting
- Dealing with FAQs
  - Ethics and Human Rights in HIVST

Session 10: Monitoring and Evaluation
- Data handling, safety and client privacy (Safe Record keeping)
- Data tools (Paper-based Register, Electronic CIF, self-referral slip or appointment card, CBD register, Stock card

Session 11: Logistics & Supply Chain Management
- Ordering kits, Re-order levels (Minimum stock)
- Storage and handling of kits, what to do with returned unused kits
- Waste Management (pack disposal after use)

Evaluation
- Course evaluation
- Post-course questionnaire
Appendices

1. HIVST kits stock control card
2. HIVST Supply chain algorithm
3. CBDA Register
4. HIVST Client intake form
5. HIVST Questionnaire
6. HIVST Self-referral slip/Appointment card
7. Household entry guide
8. Course evaluation tool
9. Pre- & post-course assessment questionnaire
## Course Schedule

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</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>08:00–08:30</td>
<td>08:30–90:00</td>
<td>09:00–10:00</td>
<td>10:00–10:30</td>
<td>10:30–11:30</td>
<td>11:30–13:00</td>
<td>13:00–14:00</td>
<td>14:00–15:00</td>
<td>15:00–15:30</td>
<td>1530–1700</td>
<td>1700–1715</td>
</tr>
<tr>
<td>Day 1</td>
<td>08:00–08:30</td>
<td>08:30–09:30</td>
<td>09:30–10:30</td>
<td>10:30–11:00</td>
<td>11:00–12:00</td>
<td>12:00–13:00</td>
<td>13:00–14:00</td>
<td>14:00–17:00</td>
<td>15:00–15:30</td>
<td>1530–1700</td>
<td>1700–1715</td>
</tr>
<tr>
<td>Day 3</td>
<td>Recap</td>
<td></td>
<td>Session 11: Logistics</td>
<td>Tea break</td>
<td>Post-test, Course Evaluation</td>
<td>Lunch</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Day 3</td>
<td>08:00–08:30</td>
<td>08:30–10:30</td>
<td>10:30–11:00</td>
<td>11:00–12:00</td>
<td>13:00–14:00</td>
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<tr>
<td>Day 3</td>
<td>08:00–10:30</td>
<td></td>
<td>10:30–11:00</td>
<td>11:00–12:00</td>
<td>13:00–14:00</td>
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</tbody>
</table>
Session 1: Background

**Session Objectives:**

*By the end of this session, participants will:*

1) Acquire an appreciation of the overall workshop objectives
2) Get a general picture of the STAR Project

<table>
<thead>
<tr>
<th>Facilitator:</th>
<th>Max. Time: 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials: Flip chart papers; Markers; Short 5-slide power point on STAR;</td>
<td></td>
</tr>
</tbody>
</table>

**1.1 Overall Workshop Objectives 8 minutes)**

**Facilitation Tips:**

*In plenary, ask participants to list their expectations for this training workshop (what do they hope to learn/accomplish, any difficulties they anticipate, how they hope to be able to use the training). Write their responses on the flipchart.*

*Present the learning objectives noted below and compare them to participants’ expectations. Allow participants to ask questions. Where realistic, note the additional, relevant objectives based on participants’ expectations.*

**Training objectives:**

At the end of the training workshop, participants will be able to:

- Use the provided job aides and demonstration video to promote key messages on HIV self-testing, referrals and linkage to prevention, care and treatment
- Provide basic pre-test information and effective demonstrations to HIV self-testing, and post-test support
- Develop skills and strategies to link HIVST clients for post-test services
- Develop necessary skills to accurately convey practical and emotional components of HIVST to self-testers in the community.
- Develop effective communication skills to establish open conversations with target audience (archetypes)
- Use basic counselling and interpersonal communication (IPC) skills to promote healthy life.
- Demonstrate the correct use of the oral HIV self-test kit
- Develop skills to monitor, report and mitigate HIVST related social harm.
- Undertake community sensitization and mobilization activities for HIVST demand creation
- Gain knowledge on stock management and record keeping
- Acquire adequate knowledge for HIVST data collection
1.2 STAR Project Introduction (15 minutes)

**Facilitation Tips:**

- **In plenary, ask participants:**
  Ask participants if they know why they are here and what they know about the STAR Project? (Write responses on flip chart paper, then Review the responses together)
- **Make a short 5-slide presentation on the STAR Project.**

<table>
<thead>
<tr>
<th>Participant Key “Take Home” Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• STAR is a pilot project to introduce HIV self-testing in Africa.</td>
</tr>
<tr>
<td>• STAR will be piloted in 3 countries – Malawi, Zambia and Zimbabwe and later on South Africa in phase 2</td>
</tr>
<tr>
<td>• STAR will answer important questions about HIV self-testing.</td>
</tr>
<tr>
<td>- How best to distribute HIV self-test kits?</td>
</tr>
<tr>
<td>- How HIV self-testing can help improve the health of our communities?</td>
</tr>
<tr>
<td>- How to ensure that people who self-test get the post-test support they need?</td>
</tr>
<tr>
<td>• Findings of the STAR Pilot will inform the roll out of self-testing.</td>
</tr>
</tbody>
</table>

1.3 Overview of Volunteers’ role in STAR project (7 minutes)

**Facilitation Tips:**

*In plenary, Ask participants:* “Based on what you may know about HIV self-testing, what do you think should be your role during interactions with your clients?

**Write their answers on a flip chart** (Potential answers include: A demonstration of how to use the test, Information about what to do if I test positive, Information about how the test works, Information about how to dispose of the test, etc.)

**Review the responses** and emphasize how important the volunteer is in providing this additional information and guidance. Explain that the volunteer plays a critical role in ensuring safe and successful distribution of HIV self-tests.

**Take time to list the following attributions for HIVST Volunteer:**

**CBDA Volunteer Roles in Brief:**

- Promotion of HIV testing & distribution of HIVST kits – Pretest information giving
- Ensuring accurate use of HIVST kits
- Post-test support for self-testers and linkage to care
- Data collection & reporting
- HIVST kits distribution and stock management
- Service provision without discrimination
- Reporting of possible social adverse events (HIVST related)

*highlight that the role of the volunteer distributor will be covered in greater detail later.*
Session 2: Basic HIV Knowledge

**Session Objectives:**

*By the end of this session, participants will be able to:*

1. Describe how HIV is transmitted and use this knowledge to discuss HIV prevention methods, including treatment as prevention.
2. Define what is meant by HIV discordant results and how it is resolved using HIV testing guidelines.
3. Explain how HIV couple discordancy is possible and relate this to the client’s situation.

<table>
<thead>
<tr>
<th>Facilitator:</th>
<th>Max. Time: 1 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials:</strong></td>
<td>Flip chart papers; Markers; Short PowerPoint Presentations; Play Cards/Box Games,</td>
</tr>
</tbody>
</table>

**2.1. HIV Infection and Transmission (30 minutes)**

**Facilitation tips:**

*HIV Knowledge check-*

**In plenary (have participants seated or standing in a circle).** Explain that you’ll be asking each participant by reverse alphabetical name order what everyone in the room already knows about HIV. Each participant should say one thing they know about HIV. This can be anything—e.g. what is HIV? What is one-way HIV is transmitted? What is one way to prevent HIV transmission? How is HIV treated?

Start asking and continue until information provision starts to slow, or participants struggle.

Have another facilitator take notes about the information shared, so this can be referenced throughout the rest of the session. Notes should specifically highlight ANY incorrect information.

Briefly summarize the information that was shared during question time. **Immediately highlight any of the information that was incorrect and provide correct information.**

**Present 2-3 slides about what HIV is, and how it attacks the immune system.**

*Put clear emphasis on the following information:*
• Human immunodeficiency virus (HIV) is a virus that causes HIV infection and acquired immune deficiency syndrome (AIDS).

• Not everyone who is infected with HIV has AIDS. However, everyone with AIDS is infected with HIV.

• HIV causes damage to the immune system and increases the likelihood of becoming ill and affected by various other infections and diseases (opportunistic diseases).

**Facilitation Tips: HIV Transmission Knowledge check**

**Play HIV Transmission Card Game:**

**Play HIV Transmission Card Game.** Divide the group into 3 teams. Give each team a set of HIV Transmission cards. Start a time for 2 minutes during which the teams must divide the cards into ways in which HIV can and cannot be transmitted. Teams get 1 point for every card they put in the right category and -1 for every wrong categorization. After the game is complete, review the correct answers, discuss the transmission route in depth and answer any questions.

**Ensure that the following information is clearly communicated during the game:**

HIV is transmitted through 4 body fluids: semen, vaginal secretions, breast milk, and blood

Even a healthy-looking person who is infected with HIV, can still transmit the virus.

HIV can be transmitted through blood, breast milk, and through sexual intercourse. For example, HIV can be transmitted by:
- Having unprotected sexual intercourse with an infected person
- From an infected mother to the baby before and during delivery and through breastfeeding
- Transfusion with infected (unscreened) blood. *All blood in Zimbabwe is screened for HIV*
- Sharing of skin piercing instruments infected by blood such as un-sterile needles, razor blades, during a road traffic accident or accidental pricking by contaminated needles.

Individuals **cannot** become infected with HIV through ordinary day-to-day contact, such as:
- kissing
- hugging
- shaking hands
- sharing personal objects, air, food or water
- staying in the same room with a person who has AIDS
- Insect bite (mosquitoes, bed bugs)
**Participant Key “Take-Home” Information:**

- HIV is a virus that causes HIV infection and AIDS.
- HIV causes damage to the immune system and increases the likelihood of becoming ill.
- HIV is transmitted through 4 body fluids: semen, vaginal secretions (during sexual intercourse), breast milk (when breast feeding), and blood (when transfusing or sharing skin piercing objects).
- Individuals **cannot** be infected with HIV through ordinary day-to-day contact such as kissing.

**Couple Sero-Discordancy**

When discussing partner reduction, ask participants: *Is it possible that within a couple one partner is HIV negative while the other is HIV positive?*

**Ensure that the following information is clearly communicated during this discussion:**

- It is possible for two sexual partners to have different HIV statuses. If a man knows that his wife is HIV-negative, he will not necessarily be negative too---even if he has not had unprotected sex with anyone else for years.
- If one partner tests positive, then the chance of the other partner being HIV-negative is about 1-in-2 (like tossing a coin)
- It is important to believe these “discordant” couple results, as the negative partner is at high risk of HIV
  - It is wrong to think that the HIV-negative partner must be “immune”: instead this usually means that the HIV-positive partner has low amounts of HIV in their blood and body fluids so they are not passing the virus to their partner.
  - The HIV-positive partner will become more infectious over time in a way that cannot be predicted, but can be prevented with treatment.
  - Treatment for the positive partner should be started straight away to protect the HIV-negative partner as well as for the health of the HIV-positive partner. If taken regularly without missing any doses at all, treatment is more effective than condoms for preventing transmission
  - The HIV negative partner could be put on PrEP in countries where it is available
  - Condoms are recommended too, but couples find it hard to use these consistently
- The positive partner could have been infected before the start of their relationship, so a discordant couple result doesn’t prove unfaithfulness

**2.2. HIV Prevention (20 minutes)**

*Facilitation Tips:*
**Have participants play the “HIV Prevention Box game”**.

Divide participants in 3-4 teams, show them that you have a closed box. Tell them that inside the box are items that have something to do with an HIV prevention method. Each will have an opportunity to pull something out of the box. When they look at it, they will have to describe how it links to HIV prevention. (Allow them to consult as a team before answering).

**Each item in the box should link to an HIV prevention method (as suggested in the table below):**

<table>
<thead>
<tr>
<th>Prevention method</th>
<th>Suggested item to be in the box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Medical Male Circumcision (VMMC)</td>
<td>VMMC promotional item, or just a piece of paper with wording “VMMC”</td>
</tr>
<tr>
<td>Condom Use</td>
<td>A male or female condom</td>
</tr>
<tr>
<td>Sexual risk reduction; delayed sexual debut</td>
<td>A picture showing someone with 2+ partners or IEC material</td>
</tr>
<tr>
<td>Prevention of Mother to Child Transmission (PMTCT)</td>
<td>A picture of a pregnant / breastfeeding woman</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>HTS promotional/IEC material</td>
</tr>
<tr>
<td>Diagnosis and treatment of sexually transmitted diseases (STIs)</td>
<td>A piece of paper that says “STI”</td>
</tr>
<tr>
<td>(*) Antiretroviral Therapy (ART) and Post-Exposure Prophylaxis (PEP) and PrEP (Zim starting PrEP project in high risk populations)</td>
<td>A tablet, pill (of any drug), or any ARV bottle</td>
</tr>
</tbody>
</table>

*After each item is removed and discussed, review the key points on a power point slide about that prevention method.*

Answer participant’s questions.

*Put clear emphasis on the following information during the game:*  
- **Male circumcision** will provide lifelong protection from HIV infection to the man, but this is not 100%. Medical male circumcision provides men with nearly 60% protection from acquiring HIV.
• **Using condoms.** Use correctly a condom every time you have vaginal or anal sex.

• **Limiting your number of sexual partners.** If you have more than one sexual partner, get tested for HIV regularly.

• **HIV Testing:** Know your status to take care of yourself, and prevent transmission to others by practicing safe sex

• **PMTCT:** Treating an HIV pregnant woman will stop transmission from mother to the child while pregnant, during delivery and breast-feeding

• **Get tested and treated for sexually transmitted infections (STIs),** and insist that your partner (s) does the same. Having an STI can increase your risk of becoming infected with HIV.

• **ARVs:** An HIV infected person who takes ARVs reduces the risk of transmitting the virus to his sexual partner (s)

• **PrEP.** Those at continuous risk may consider taking PrEP

**ART as HIV Prevention**

*Facilitation Tips:*

Ask for the empty box back and tell participants that you are going to put one final item in the box. Turn around and insert a pill in the box. This pill represents treatment (ART) for prevention. Ask for a volunteer to remove and attempt to explain this new item. Review the principles of ART as prevention on a power point slide. Emphasize that ART is for both HIV prevention and HIV treatment.

Put clear emphasis on the following information during the game:

• **Use of ARVs to stop transmission- An HIV infected person who is** on ARVs becomes much less infectious. This is used to cut down the risk of HIV transmission to his sexual partner (s).

**2.3. HIV treatment with ARVs (10 minutes)**

*Facilitation Tips:*

The benefits of HIV treatment as prevention have been discussed in the previous session.
Now ask participants in a plenary to voluntarily share information they know about HIV treatment.

Write their responses on a flip chart.

Put clear emphasis on the following information during this plenary discussion:

- Drugs are available countrywide which can treat HIV.
- These drugs are called “antiretroviral drugs” (ARVs). They prevent the virus from replicating and slow the progress of the disease.
- Starting anti-retroviral therapy (ART) early is an important way to stay healthy, and to protect your sexual partner(s) from infection.
- Currently, there is still no permanent cure for HIV/AIDS; a person who is infected will remain infected for the rest of his life.
- Currently, there’s no available vaccine that will prevent HIV infection.
- Stopping ARVs is dangerous to your health, and can lead to treatment failure when ARVs are restarted

---

Participant Key “Take-Home” Information:

- HIV transmission can be prevented through:
  - VMMC
  - Condom use
  - Sexual risk and partner reduction
  - Treatment of STIs
  - PMTC
  - ARVs
  - PrEP
  - PEP
- Being on ART makes an HIV infected person much less infectious.
- It is possible for two sexual partners to have different HIV statuses—one positive and one negative.
- Currently there is no vaccine or cure for HIV.
• ARVs are available and free of charge in Zimbabwe. These drugs prevent the virus from replicating in the body, and slow the progression of the disease.

• ARVs generally provided for free in all public health institutions in the country.

Make a short final 1-2 slides power point to summarize HIV treatment using ART.
Session 3: What is HIV Testing?

**Session Objectives:**

By the end of this session, participants will be able to:

1) Define HIV testing  
2) Describe current HIV Testing Scenarios  
3) Outline the 6 Guiding Principles of HTS  
4) Demonstrate some knowledge of how HIV Testing Services Models are utilised

<table>
<thead>
<tr>
<th>Facilitator:</th>
<th>Max. Time: 1 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials:</td>
<td>Flip chart papers; Markers; Job Aid / IEC material on Zimbabwe National HIV Testing Algorithm; Short power point presentations</td>
</tr>
</tbody>
</table>

3.1. Definition and Process (30 minutes)

**Facilitation Tips:**

*In plenary, Ask the group if anyone understands how an HIV test works. Listen to any responses.*

*Play Antibody/Antigen Game: Explain “antibodies” Vs “antigens” using a role play:*

Ask 2 people to stand up and pin a sticker on them that says “HIV Antigen”. Explain that this person is the actual HIV virus. When the HIV virus enters the body, these antigens spread through the immune system. (Ask the “antigens” to jog around the room for a minute.)

While the antigen is jogging, ask 3 people to stand up and pin a sticker on them that says “HIV antibody.” Explain that when the immune system realizes that HIV has entered the body, it responds by producing “HIV antibodies” aiming to fight HIV. (Ask the “antibodies” to chase the “antigens”.)

*Explain that most HIV screening tests (also called rapid tests) detect the HIV antibody in your blood, NOT the actual HIV antigen.*

*Explain that it takes time for the body to produce antibodies. Just like the “HIV antigen” ran around the room for a few minutes before our “HIV antibody” stood up, it takes time for the body to produce antibodies. This means that sometimes, someone can be HIV positive but their test result will be HIV negative—they don’t yet have enough HIV antibodies in their blood. This is called the “window period” and can last 4-6 weeks after acquiring HIV infection.*

*Explain that when someone is on ARVs, the quantity of HIV antigen (the virus itself) in a person’s blood drops. >>Ask at this stage 2 of the “Antigens” to sit down. This can also reduce the number of antibodies in the blood because they don’t need to fight as hard. >>Ask at this moment 2 of the “Antibodies” to sit down after the “look” for the “Antigens”. As a result,
someone who is on ARVs may falsely test negative. This does not mean they have been cured. They are still HIV positive and can transmit the virus.

*At the end of the role play, make a presentation to explain HIV testing steps on the national testing algorithm

**Put clear emphasis on the following key information throughout the role play:**

- **HIV Antibody tests** are tests that detect HIV antibodies in the blood. Sometimes HIV antibody tests are negative during the following days to few weeks (generally 6 weeks) but can be up to 6 months, after getting infected. This happens when antibody levels are too low to be detected by the test. During this time, the person is said to be in the “window period.”

- **The window period** lasts from the time a person is first infected until antibodies are detectable in the blood or other body fluids by laboratory tests. It typically lasts for 4-6 weeks after the initial infection for the majority (>95%) of HIV infected persons.

  During this time the HIV test may be negative. However, the HIV infected person can transmit the virus to others, and 40% of new infections happen during this period. Individuals in the window period are usually clinically healthy looking.

- **Taking ARVs does not cure HIV, but can make some HIV tests unreliable.** Make sure to warn clients not to believe an HIV-negative result if they are on ARVs

**3.2. General HIV Testing Services Guiding Principles (20 minutes)**

(6Cs- Consent, Confidentiality, Correct result, Counseling & Connection (linkage to care) and Comfort.

**Facilitation Tips:**

*In plenary, explain that there are 6 key components to the delivery of HIV testing services. These are referred to as the 6Cs.*

*Present a flip chart with the 6 Cs written on them. Discuss what each of the Cs means.

**Ensure the following key information is emphasized during the session:**

- **Consent:** People being tested for HIV must give informed consent to be tested. They must be informed of the process for HIV testing, Post-test services availability depending on the results, and their right to refuse testing.
Mandatory or compulsory (coerced) testing is unethical and illegal, regardless of where that coercion comes from: healthcare providers, partners, family members, employers, or others.

- **Confidentiality:** HIV testing services must be confidential, meaning that the content of discussions between the person tested and the health-care worker, testing provider, or counsellor, as well as the test results, will not be disclosed to anyone else without the consent of the person tested.

- **Correct Result:** Provision of correct test results. Results must be communicated to the person tested unless that person refuses the results.

- **Counseling and Information giving:** Testing services must be accompanied by appropriate and high-quality pre-test information and post-test counselling.

- **Connection (linkage to care):** Connections to HIV prevention, treatment and care and support services should be supported through concrete and well-resourced patient referral, support, and/or tracking systems.

- **Consent:** People being tested for HIV must give informed consent to be tested. They must be informed of the process for HIV testing, Post-test services availability depending on the results, and their right to refuse testing.

- **Comfort.** In Zimbabwe there is an extra C which is client comfort. Services should be provided when the client is physically comfortable and in HIVST thus applies.

  - Mandatory or compulsory (coerced) testing is unethical and illegal, regardless of where that coercion comes from: health-care providers, partners, family members, employers, or others.

  - Legal consent age for HIV testing in Zimbabwe: 16 years

  - Inability to consent may include: under-age, incapacitating health

  - Consent can either be **verbal** or **written**.

  - Coercive HIV testing should not be condoned in any way, and prevented whenever possible (These will specifically be discussed under HIVST later on)

### 3.4 Different Models of HIV Testing Service Delivery (10 minutes)

**Facilitation Tips:**

*In a plenary, give all participants a piece of paper and ask them to list some places where HIV testing is offered. Encourage them to think of places where they have seen HIV testing made available, including outside of the clinic.*

*Explain that HIV testing services fall into two broad categories:

1. Health Facility-Based: Client Initiated (CITC)); Provider initiated testing and counseling (PITC) – ANC, TB clinics, STI clinics, etc.
2. Community-Based: mobile and outreach, home-based testing, national HTS day national campaigns days, workplaces, etc.

*Ask one participants to share their lists and describe the testing setting. Discuss the testing models they have listed.

Ask if another participant has a different or new idea of testing model to share.

Proceed until either all testing settings have been discussed, or participants have no new testing ideas to share.

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### Participant’s Key “Take-Home” Information:

- HIV testing is an **important step** for both HIV prevention and treatment.
- There are 6 key components of HIV testing services, called the 6 Cs: consent, confidentiality, correct result, counseling, and connection and Comfort.
- There are two main categories of HIV testing services:
  - **Facility-Based**: Client Initiated Counseling and Testing; Provider initiated testing and counseling (PMTCT, TB clinics, STI clinics, etc.)
  - **Community-Based**: mobile or outreach; home-based testing; national testing campaigns; workplaces, Index testing, Contract/Contact Testing
- Screening HIV tests work by detecting the HIV antibody
- It is possible to **falsely test negative for HIV**, even if you are infected with HIV, when you are in the “**window period**”, or if you are on **ARVs**.
- In Zimbabwe, consent, written or verbal is required for HIV testing
- Legal consent age is 16 years and above
- Coercive HIV testing is illegal, and should be prevented
- Providing an HIV test kit for use by third party household or partner may lead to coercive testing
Session 4: What is HIV Self-Testing?

Session Objectives:

By the end of this session, participants will be able to:
1) Outline the HIV Self-Testing concept
2) Discuss the benefits of HIV Self-Testing
3) Name and describe the type of self-tests available
4) Show by listing some of the benefits of confirmatory HIV testing for self-testers and differentiate “triaging” from “confirmatory”
5) Describe the various approaches of HIV self-testing

Facilitator: Time: 1.5 hours

Materials: flip chart paper; markers; power point presentations;

4.1. Introducing HIV Self-Testing and Definition (30 minutes)

Facilitation Tips:

*In a plenary, ask participants to review the list of testing models from the previous discussion. Explain that although there are many options for HIV testing, many people still don’t test for HIV.

*Ask participants to brainstorm reasons why people don’t test. Ask them to volunteer these ideas and write them on a flip chart. (These may include: Time, Distance, and Concerns about privacy, Stigma, Fear of discrimination, etc.)

*Explain that HIV self-testing is one way we can address these barriers.

*Ask a volunteer to define HIV self-testing?

Answer: In HIV self-testing, the individuals conduct the test and interpret the result on their own or in the presence of someone whom they trust.

*Show a flip chart with the definition of self-testing.

“HIV self-testing is a process whereby an individual who wants to know their HIV status collects their specimen, performs the test and interprets the test result. HIV self-testing does not provide an HIV-positive diagnosis—as all reactive results need to be linked to further testing and confirmation by a health provider.” (WHO definition)

*Ask participants: “What differentiates HIV self-testing from the currently existing HIV testing models in Zimbabwe?”

*Ask participants: Based on what we know about HIVST, what barriers to testing can HIVST address
Answer: Barriers related to time, and privacy.

*Emphasize* that HIVST is seen as a critical tool in our national efforts to reach more people with HIV testing services—especially populations not currently reached through existing testing models.

*Explain* that this is a new approach to HIV testing that has already been adopted in some developed countries (United States, France and the United Kingdom) and some African countries have policies that allow the sale of HIVST kit in pharmacies e.g. South Africa.

However, previous studies show that many people in African countries, including Zimbabwe, are interested in HIV self-testing.

**During the session, put clear emphasis on the following key information:**

- HIV self-testing is a process enabling an individual who wants to know his/her HIV status to collect a specimen, perform a test and interpret the test result in private or in the presence of someone they trust.

- HIVST in this context is a screening step to detect HIV antibodies, and does not provide a definitive diagnosis. Any reactive HIV result from self-test must be confirmed by a health care worker in accordance with existing national HIV testing algorithm.

- HIVST has the potential to scale up acceptability and access to testing, both in the general population as well as in hard-to-reach populations.

- HIVST provides confidentiality and empowers users to be solely responsible for their own HIV status.

**4.2: How does HIV Self-Testing happen? (20 minutes)**

Ask participants to call out what bodily fluid is usually used to test for HIV.

Should participants call out: “Blood”, tell participants the following:

- This is true—the majority of HIV tests use blood sample.
- HIV testing can also be done using oral fluids sample.

Ask participants to list the difference and similarities between a blood and oral HIV test then reinforce with messages below:

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both test for presence of antibodies</td>
<td>Some blood tests also test for antigens</td>
</tr>
<tr>
<td>Both have a window period</td>
<td>Only one requires that you prick yourself but this may change in the future.</td>
</tr>
<tr>
<td>Both can tell you if you are HIV positive</td>
<td>Slightly different levels of accuracy</td>
</tr>
</tbody>
</table>
If you are on treatment and you test, both tests may provide a false negative result.

Hold up the HIVST test cassette and explain that:

- The test that will be used initially in the STAR Project, is an oral fluid test.
- An oral fluid test uses oral fluids to test for HIV.
- This self-test does not require that someone prick themselves.
- The users only need to collect fluid/liquids from their mouth.
- A blood based HIVST may be introduced later on in the study.

- Inform participants there is strong evidence about oral self-testing from a previous study in Malawi and in Zimbabwe:
  - People can use the test accurately if they are provided guidance.
  - People like the test that people can use this test accurately to test themselves; we do not have any evidence about how well people can use blood tests to test themselves.

- There is no evidence about blood self-testing in our region.
  - We do not know if people can use the test accurately.
  - We do not know if people will like blood tests (e.g. they require a prick).

Ask participants to think about how it might be possible for an oral fluid test to detect HIV, if HIV cannot be transmitted through saliva or oral fluids. Discuss different ideas from participants. Ensure the answer below is clearly articulated.

Emphasize: Oral fluid tests test for antibodies in the fluids/liquids from the mouth that are collected from the gums. This does not mean that there is HIV in your saliva that can transmit the virus. This just means that your body’s response to the HIV virus can be detected in the normal fluids that come from the mouth which include saliva. Emphasize that oral fluid cannot transmit HIV.

4.3 Meaning of a “triaging test” and “confirmatory test” (20 minutes)

Facilitation Tips:

*In a plenary, ask participants what they understand by “triaging test”. Take note of answers on a flipchart.

*Explain that HIV self-tests serve as triaging tools. This means these tests may pick HIV antibodies. Therefore, they only tell someone the likeliness to have HIV infection; and this is often referred to as a “triaging test”. they cannot provide a final HIV diagnosis.
This means that anyone who tests HIV positive using a triaging test must undergo another different test to confirm the diagnosis, prior to being treated for HIV. This process is normal even in the Provider Delivered Testing Models.

During the session, ensure the following information is clearly communicated:

- OraQuick HIV Self-Test is the one being used in this pilot, other test may come later including blood based Self-Tests
- All HIV reactive results will require confirmatory test performed by a professional health care worker at the clinic, prior to enrollment into care.
- HIV negative results do not require confirmatory test. Client who think they were exposed may test again after sometime.

4.4: Approaches to HIV self-testing (20 minutes)

Facilitation Tips:

*Ask participants to split into pairs. Give all of the pairs 5 minutes to brainstorm as many ways to distribute self-tests in a one-minute period. These ideas should be written on sticky notes.

*Show a power point slide with HIVST distribution model continuum (As seen below):

![HIVST distribution model continuum](image)

*Explain that the distribution of HIVST can be restricted to a clinic setting, it can be limited to distribution by a healthcare worker or it can be freely accessible, such as within a pharmacy. Explain each category clearly and answer participant questions.

During session, ensure the following key information is emphasized:
• **Clinically restricted access:** Health professionals provide HIV rapid HIV Self-Test kits

• **Semi-restricted access:** Kits for self-testing are distributed through trained staff at community-level.

• **Non-restricted** (open access): HIV self-test kits are made available through many types of programs and locations, including pharmacies, clinics, convenience stores and vending machines. Note that in the current phase of distribution in all 3 countries this option is not available.

*Explain that during this phase of implementation all STAR countries all kits distribution will be within a controlled area, or at health facility and the surrounding communities within catchment. (This is a semi-restricted distribution and is country specific)
Session 5: STAR HIVST Distribution Models

Session Objectives:

*By the end of this session, participants will:*
1. Give an outline of HIVST distribution models and channels under STAR.
2. Describe Standard Operation Procedures (SOPs) for distribution models
3. Define the roles and responsibilities of the volunteer for the community based distribution model

<table>
<thead>
<tr>
<th>Facilitator:</th>
<th>Time: 1 hours</th>
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<tbody>
<tr>
<td>Materials:</td>
<td>flip chart paper; markers; power point presentations;</td>
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Facilitation tips:

*In a plenary, provide a brief overview of all distribution models.*

Each group to be assigned a facilitator to take participants through group specific mode if more than

Guide for Group 1 facilitator (Facility-based distribution)

Ask participants to brainstorm on how HIVST kits could be distributed.
Write ideas on sticky notes. Ideas should include demand creation activities, accessibility points for test kits, option for testing (space in fixed facilities), and level of support during self-test, access to post-test services

After exhausting all ideas, make a summary of key points. Make a short presentation.

- Messages to volunteer:
  “You’ll be providing appropriate information to your clients to help them cope with life after learning about their HIV status”
  “You’ll help more people in your community to know their HIV status within the privacy of their homes or offices.”
  “HIVST will be a plus to your knowledge”

Ensure the following key information is given:

- Message for CBDAs:
“You’ll be providing appropriate information to your clients to help them cope with life after learning about their HIV status”
“You’ll help more people in your community to know their HIV status within the privacy of their homes or offices.”
“HIVST will be a plus to your knowledge”

Ensure the following key information is given:

“HIVST may help increase your successful referrals by reducing the known barriers of having to test at a health facility”

**Participant’s Key “Take-Home” Information**

- Each one of the 3 distribution channels will contribute to the increase in HIV testing.
- The volunteer providing HIVST kits should ensure appropriate information giving to all clients prior to testing, and promote linkage to post-test services.
- All distribution channels are linked to the health facility, because all self-testers should be encouraged to report to the nearest clinic for confirmatory testing if HIV positive or for other post-test services for the HIV negative, after knowing their results.
- Negative self-testers should be encouraged to access other HIV prevention services (condoms, counseling, STI screening and VMMC for negative men, etc.)
- Positive self-testers should be encouraged to report to the nearest clinic for a confirmatory test, and enrollment in care.

**Session 6: Community Engagement and Household Entry**

**Session Objectives:**

*By the end of this session, participants will:*
• Demonstrate how messages can be tailored to meet the demands of the various archetypes HIVST archetypes, insights and value statements
• Demonstrate the skills to apply for community engagement
• Acquire skills for household entry

Facilitator:  Time:  2.5 hours

Materials:  Flip chart paper; markers; power point presentations; OraQuick HIV Test Kits, OraQuick IFU leaflets, OraQuick IFU demo video; “How-to-do an HIV Self-Test” roll-up, HIVST Brochure

6.1 Targeted messaging (30 minutes)

1. Small Group Exercise:
   In small groups, discuss the following questions:
   ★ What do we mean by customer service?
   ★ What is one example you have had of bad customer service?
   ★ What is one example you have had of good customer service?

2. Large group exercise:
   In a large group, list on a flip chart the qualities of good customer service.

3. Role plays:
   ★ How does this apply to our roles as CBDAs? Do role play that demonstrate the qualities listed on the flip chart during an interaction with someone who is excited about the HIVST, someone who is unsure, someone who refuses it.

4. Discussion on Confidentiality
   ★ How would CBDA’s work be affected if the community felt CBDAs where gossiping about their personal lives?
   ★ How would the community feel about taking up HIVST kits if they felt that their HIV status would be spread by CBDAs?

Critical Participant “Take-Home”

• The STAR Project is in service to the community and respects the rights and decisions of community members without judgment.
• CBDAs should practice **good listening skills** and tailor their conversations to each individual.
• CBDAs should discuss the benefits of the HIVST but **not dismiss concerns or fears** that clients may have about their person acceptance of the kit, rather take note of the concerns and notify the Field Staff/health care workers.
• CBDAs should make **discretion and confidentiality** a priority in their work. This means keeping clients’ personal information safe and not speaking about clients to anyone, not even the clients’ family members or the CBDAs’ family members.
• CBDAs should do what they can to support clients but also acknowledge the **limits of their jobs** by referring clients to other whose role may be better suited to support the clients’ needs.

6.2 Archetypes and Messaging (30 minutes)

*What is an archetype?*

*Explain that an archetype is a representation of a type of person that we create to remind us to relate to real people*  

*Why does STAR believe HIVST is good for the people of Zimbabwe?*

**Large Group Discussion:**

★ What are good reasons why some people may not decide to take up the test? Who is right?

**Answer:** *Even though we may believe the HIVST is a good idea, some people have their own reasons for not being interested or able to take it up. The better we understand our potential clients, the better you as a CBDA can address concerns and increase confidence in using the test kit and link to care.*

*Make a 4-slide power point presentation (1 slide for each archetype) summarizing archetypes insights and value statements, and possible specific messages to be conveyed*

**Charlene:**

Young lady, aged between 18 – 25 years.
Won’t confide private things with friends or colleagues
Anonymity is key to Charlene’s willingness to access HIV services/products
Uses sex as a tool despite knowing risk of multiple partners

**HIVST value:** allows her to know her status without advertising her sexual behavior to the community.

**Messages:**

• You can take the test at your own time
• No need to queue at the clinic to know your HIV Status
• Total confidentiality of test result
• HIVST put you in control of your HIV Status and whom to share your status with
• After Knowing your HIV status, you can continue enjoying safe sex.

**Chilufya:**
Vibrant young man, aged 18 – 24
Wants post-test counselling, not pre-test counselling
Knows he’s part of a risky sexual network. Confides/shares info with friends

**HIVST Value:** Chilufya can test on his own terms – he doesn’t have to wait at a facility for someone else to tell him his status.

**Messages:**
• No pre-test counseling session
• After self-testing, you can seek post-test counseling services at your own convenience
• Know your HIV results and have a peace of mind
• Knowing your HIV status will help protect you and your sexual partner
• HIVST helps you know your status at your convenience

**Florence:**
25 – 39 years, family woman who draws her joys and happiness from her children. Her major aspirations are centered on her children’s education, health and their wellbeing. She does not solely depend on her husband for financial support and hence ventures in entrepreneurial activities to make ends meet for her family.

**Insights:** Wants her husband to test but asking him could be interpreted as an accusation of infidelity
Knows her husband has affairs but will not confront him
Finds nurses judgmental and gossipy
May have other sexual partners

**Messages:**
• Your partner’s HIV test results may not reflect your status
• Some couples live with different HIV status
• You can take an HIVST without provider’s presence
• Know your results and have a peace of mind
• Knowing your HIV status will put in control of your health and plan for the wellbeing of your family
**Patrick:**
Hard working family man, in his mid-to late 30’s, married, and father of a few kids. Though he’s a hardworking man, he spends quite a lot of his valuable time socializing with colleagues and friends at sports clubs and casinos. He indulges in extra-marital affairs, but keeps them as private as possible.
Self-image and public perception about his personality constitute a key motivator in his life decisions.

**HIVST value:**
Knowing his status before anyone else. Choosing when to disclose to his partner
Knowing HIV status is the first step to ensuring he continues to look and feel like a strong, healthy man.

**Messages:**
- Your partner’s HIV test results may not reflect your status
- Some couples live with different HIV status
- Self-test puts you in control of who knows about your test and results
- Taking an HIV test is a step to leading a healthier life.
- With self-test, you can disclose your status at your own convenience.

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**6.3 Community engagement and general approach to Sensitization - (40 minutes)**

**Definition of “Community”**

**Facilitation Tips:**

In plenary, ask participants what they understand by the concept “Community”.

*Take notes of responses on a flip chart. Discuss the answers presented.*

**Summarize by providing the following definition:**

“Community is a group of people who live in the same geographical area, work together, share resources, and have usually a common goal”

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**Importance of understanding the community**
**Facilitation Tips:**

In plenary, ask participants the following question: “Why do you think it’s important to understand the community?”

Write answers on flip chart, and discuss with participants.

**Summarize by making the following statements:**

- You have to understand the community specific cultural and traditional matters
- You need to identify and recognize existing traditional structures in that community
- You need to engage the local stakeholders to fully support the health program in their community

**Involvement of local leadership** (Advocacy and permission to enter community):

**Facilitation Tips:**

Ask participants in plenary this question: “How can we best engage local community leaders”

Take note of ideas from participants, write on a flip chart, and discuss.

Provide a summary by emphasizing on the following key information:

- Need to hold consultative meetings with traditional chiefs, Indunas, village headmen and other key stakeholder’s/gate keepers within the community.
- These consultative meetings should be held on a regular basis to share and review progress of the community program

**Community Sensitization** (channels to use to deliver the key messages)

**Facilitation Tips:**

In plenary, ask participants this question: “What do you think could be the effective channels to be used for community sensitization”

Take note of answers on flip chart, and discuss ideas.

**Summarize with the following key information:**

- Community sensitization could be achieved through the use of neighborhood committees and community based volunteers
- Community radios and drama performances
- Community meetings or Focused group discussions can also be used
- Public Address System (PA System) could also be useful
6.4 Household Entry Procedure: Session Approach for HIV Self-Testing - (50 minutes)

Facilitation tips:

In plenary, ask participants what they think could be the appropriate procedure for initiating household entry

Write all ideas on a flipchart, continue asking until exhausting ideas.

Lead participants using the following questions:

- What do you know / understand about household entry?
- What would you do first to gain entry into somebody’s household or begin the session?
- How do you introduce and discuss HIV self-test to the household?
- What are the key issues to include during your discussion on HIV self-testing?
- How do you summarize your discussion?

After acknowledging all contributions from participants, take now time to walk participants through the guidance on household session.

Ensure the following: Your PowerPoint presentation puts emphasis on the following key information:

- Participants must be aware of the traditional way of life and the need to respect people’s right to privacy when conducting any community or door to door outreach health program.

- Here are some tips on how you can successfully approach and conduct a session at household level:
  1) Knock/ call out at the door/gate and wait for response. If no response after three attempts, move on to the next house. Do not force your way into any one’s yard or house.
  2) If the response comes and the home owners allow you, thank them and proceed inside as guided.
  3) If the person welcoming you is a dependent/child, ask for the parents (father, Mother or any guardian). This is to ensure you have the mandate and permission appropriate for your session.
  4) If you are targeting a member of the house who is a dependent, ask for permission from the guardian to engage the person and explain what the topic is all about and approximately how long the session is likely to take.

  5) Here is how you begin the session:
“Good Morning/ Afternoon/ Evening

How are you today?

My name is __________.

I /we come from an organization called Population Services International for STAR project, which works in collaboration with Ministry of Health and Child Care to improve the health of men and women in the country. Currently, our organization has identified a gap in HIV counselling and testing Services, and I would like to take few minutes to discuss with you. May I/we have few minutes of your time?

(Continue if the clients agree or take permission to meet some other time and get their number)

Thank you. I/we am/are sure you are all very busy, so I/we promise this won’t take long.”

Initiating Questions

➢ Before going ahead, I/we would like take some information for recording purpose is that alright? Thank you
➢ Have you gone/done for an HIV test before? If yes, how long was it? And would you like to test again?
➢ If no (they never tested), would you like to test for HIV?
   If YES proceed with following (if no, thank them for their time and possibly ask for an appointment):
      ➢ Have you heard of HIV Self-Testing? If yes, can you explain what it is? (If the answer is no, facilitator should explain).
         Appreciate responses show the flipchart/Product to inform/clarify about HIVST kit.

➢ What are some of the features of HIVST kit? (walk through the client on important features and explain the purpose of each feature)
➢ What do you think are some of the benefits of HIVST to individuals/couples?

After hearing the responses, facilitator thanks the audience for the answers and affirm the responses.

Refer to Benefits on the flip chart “How to do an HIV self-test” runner, and explain/clarify the benefits

(archetype specific - Refer to the table below on archetypes)

Explain the procedure involved in the use? How to conduct HIVST. (Refer to Procedure on the flip chart runner, and explain/clarify the process).

Practical Session:

*Immediately after the presentation is done, Divide participants in 2-3 groups.
Each group member must conduct a practical session on household entry for discussion on HIV self-testing, the rest of participants are observers and provide at the end of the session, based on 2 aspects:

- What went on well
- Areas of improvement

*After everyone has performed the practical, close the session by summarizing with the following questions to participants:

- How did it feel to conduct household entry session?
- Do you now feel confident enough to conduct a real-life session?

**End with this sentence:** “Conducting an HIV self-testing session requires effective communication skill, confidence in what you’re saying, and ability to teller the session to clients’ emotional needs”.
Session 7: HIVST Demonstration

Session Objectives:

*By the end of this session, participants will be able to:*

1) Demonstrate step by step how to perform accurately HIV Self-Testing using OraQuick
2) Be able to read and interpret HIV test results using OraQuick OFT
3) ADDRESS FAQs and common mistakes in HIV self-testing procedure using OraQuick

Facilitator: Time: 1 hour

Materials: flip chart paper; markers; rollup “How to do and HIV self-test” runner (discussion aid); IFU demo video; OraQuick test kits

7.1: HIVOFT Description & IFU (30 minutes)

Facilitation Tips:

*Split the group into small groups of 2 people, and give a self-test kit to each group.*

Once everyone has the kit, walk participants through the components of the kit, allowing participants to manipulate and explore the test kit.

- **Hold up the entire kit:** This kit includes all of the materials needed to perform a self-test including instructions and all parts of the test. This test can only be used once.
- **Open the kit and remove the IFU:** These are the instructions for use which provide information about how to conduct the test, how to read the results and what to do if you test HIV positive or HIV negative.
- **Hold up the buffer stand:** This is a stand that is used as part of the testing process.
- **Hold up the test kit sachet:** This sachet contains the two parts of the test—buffer solution and the test pad.
- **Open the test kit sachet and hold up the buffer solution bottle:** This is the buffer solution. After using the test pad, it sits in this solution for 20 minutes. The solution includes chemicals that make the test run. The buffer solution goes into the stand to ensure that it is stable while the test runs. (Demonstrate insertion of the buffer into the stand)
- **Hold up the test pad:** This is the test pad. The flat side of the test pad is used to collect the oral fluids by rubbing it on gums. The small window on the test stick shows the result of the test.
- **Take participants through the step by step “How-to-do and HIV self-test” runner**
- **Play the Demonstration video (in appropriate local language)**
Remind participants that an oral HIV test will be new to many people in Zimbabwe, and that oral tests will be discussed in more details during next sessions.

### 7.2 HIVST Results Interpretation & Meaning (20 minutes)

- **Positive Result**

*Hold the test pad, and explain to participants - If there are **TWO LINES**, one next to the ‘C’ and one next to the ‘T’ even if the line is faint **You may have HIV** and you need to go to a clinic for a confirmatory test.

*Remind participants concerning some of the emotional aspects of testing and learning about one’s positive HIV status:

“*What should I be doing for a healthier, positive life?”*
“*How do I tell my partner?”*
“*Will I be able to continue working in case I test HIV positive?”*
“*Will I be able to bear children again if I test HIV positive?”*
“*Will I be able to continue with my education/school if I test HIV positive?*
“*Is this the end of the world?”*

*Brainstorm with participants the best ways to make use of these emotional aspects in linking clients to care as mitigation. - (E.g. Referring clients to counsellor for emotional and psychological support)*

- **Negative result**

Hold the test pad, and explain to participants - **ONE LINE** next to the ‘C’ and **NO LINE** next to the ‘T’ means negative result. Explain that HIV negative result may also mean that someone is infected, but still in window period and will have to conduct another test after 3 months if they think they had a recent exposure and it might be too early to tell.

- **A blank test or a test filled with red** means the test did not work and is **“inconclusive”**. This means it will not tell you if you have HIV or not.
  - *Ask: What is the guidance for clients who have an inconclusive test result? (write it on a flip chart)*

- **Role Play**

*Divide the groups into pairs to practice explaining various test results to a client*
7.3 Common Errors (10 minutes) (separate FAQs from common errors or areas to emphasise during training.)

Ask the Large Group: What are some things that you can imagine people misunderstanding about doing the test? *(Write on a flip chart)* We know from watching clients in other countries that there are some things we need to clarify:

- Many clients do not read the instructions-for-use
  *Ask:* What can CBDAs do to support proper use of the test kit?
- Some clients drank the liquid in the kit
  *Ask:* What can CBDAs do to avoid this?
- CBDAs have been asked if the test kit can be used more than once (answer: no)
  *Ask:* What can CBDAs do to ensure the kits are only used once?
- Some clients have been seen using the swab in a toothbrush motion
  *Ask:* What can CBDAs do to support proper swabbing? Advise CBDAs not to refer to the test pad as this “toothbrush like end”
- Some clients took the test while eating or drinking (the kit should only be used 30 min after eating or drinking)
  *Ask:* What can CBDAs do to emphasize this?
What is the role of a CBDA?

Session Objectives:

By the end of this session, participants will:

1) Understand their roles and responsibilities as CBDA
2) Understand what they will do during their interactions at household level
3) Understand how the 5Cs are supported within an HIVST model

Facilitator: Time: 1 hour
Materials: flip chart paper; markers; roles and responsibilities cards

Facilitation Guidelines:

1. What are CBDA roles and responsibilities? (30 minutes)

Ask participants: “Based on what you know about HIV self-testing, as a CBDA, what type of information do you think you would need to provide to a client?”

Write their answers on a flip chart. Potential answers include:

- A demonstration of how to use the test
- Information about what to do if I test positive
- Information about how the test works
- Information about how to dispose of the test

Review the responses and emphasize how important the CBDA is in providing this additional information and guidance. Explain that the CBDA play a critical role in ensuring safe and successful distribution of HIV self-tests. This training is designed to ensure they have all of the skills necessary to ensure they can do their job as a CBDA.

Pass out “Roles and Responsibilities” note cards. Each note card should have one role/responsibility written on it:

- Promotion of HIV testing and HIVST kits
- Obtaining clients consent for HIVST
- Ensure accurate use of HIVST kits
- Provide post-test support for HIVST kit users, including linkage to care
- Collect and report data
- Maintain HIVST kit stock
- Maintaining client confidentiality
• Providing services in a non-stigmatizing manner

Ask participants to discuss in their small groups what these roles mean. Bring everyone together in a large group and have each small group present on their discussion about one of the roles, until all have been discussed.

• **Promotion of HIV testing and HIVST kits:** All CBDA are responsible for understanding the value of HIVST products for various people and using appropriate messages to promote HIV testing and HIV self-testing with these individuals.

• **Obtaining Client Consent for HIVST:** All CBDA are responsible for asking for client consent prior to distributing and HIVST kit. This supports one of the 5 Cs of HIV testing discussed previously. (To be discussed further in the next session.)

• **Ensure accurate use of HIVST kits:** All CBDA are responsible for providing support to HIVST kits users to ensure they understand how to perform the test and accurately interpret the results. This can be done in many ways, including demonstration, the use of job aids, or actual supervision of test performance.

• **Provide post-test support for HIVST kit users, including linkage to care:** All CBDA are responsible for following-up with HIVST kit users to answer their questions about their test results. CBDA’s are responsible for supporting users in their efforts to link to care, based on their test results.

• **Collect and report data:** All CBDA are responsible for keeping records of their distribution and post-test support activities.

• **Maintain HIVST kit stock:** All CBDA are responsible for ensuring that their HIVST kit stock is stored appropriately and that they order stock in a timely manner to prevent stock out.

• **Maintain Client Confidentiality:** All CBDA are responsible for ensuring client confidentiality. This means not sharing with others the names of individuals who opted to self-test, not sharing any information shared with you during distribution of the HIVST in a specific household, and never disclosing someone’s HIV status if they confide in you. Additionally, this means ensuring that all registers are kept private to protect client confidentiality. This supports one of the 6 Cs of HIV testing, discussed previously. (To be discussed further in the next session.)

• **Provide Services in a Non-Discriminatory Manner:** All CBDAs are responsible for treating all clients—regardless of their HIV status, behavior, or gender—in a respectful manner.
Ask the group if there are any additional roles not covered here. Address these additional roles.

Critical Participant Take-Aways

- CBDAs play the following roles and responsibilities
  - Promotion of HIV testing and HIVST kits
  - Obtaining Client Consent for HIVST
  - Ensure accurate use of HIVST kits
  - Provide post-test support for HIVST kit users, including linkage to care
  - Collect and report data
  - Maintain HIVST kit stock
  - Maintain Client Confidentiality
  - Provide Services in a Non-Discriminatory Manner

2. What does performing this role look like? (20 minutes)

*Explain that over the next two days, we’ll be building their skills to perform each of these roles.*

Explain that to start, you’ll perform a role play to show the team what their interactions at a household level will look like.

*Perform a role play of a self-test distribution.* Ask participants to write down the different steps that they see the CBDA perform during the distribution.

After the role play is over, ask participants to volunteer the various steps that they saw the CBDA perform. Capture these responses on a flip chart. Ensure the all steps are covered during this session.

*To wrap up the session, show a flip chart that has the two components of distribution written on it:*

**COMPONENT 1: Household Entry and Mobilization for HIVST**

1. Introduction – who are you and what are you there for?
2. What is HIV self-testing?
3. The (physical and emotional) benefit of knowing your status
4. Messaging pitch for HIVST
5. Demonstration on how to use the test
COMPONENT 2: Distributing the HIVST: Ensuring Accurate Use and Linkage to Care

6. Pre-test information
   a. How HIV is and is not transmitted
   b. How the HIVST is able to detect HIV in oral fluid if HIV can’t be transmitted through saliva
   c. Why people on ART should not use the test
   d. How it’s possible for sexual partners to have different HIV statuses

7. Consent to leave test kits

8. Refresher on how to use test kit
   a. What to do if the test is negative, positive or inconclusive

9. Explanation of how and why to link to care
   a. The benefits of being on ART (emotional and physical)
   b. The benefits of VMMC
   c. How to present the self-referral card at the clinic
   d. How to return the used HIV swab

10. Collection of client information

COMPONENT 3: Post-Test Follow-Up

1. Introduction – why are you following up?

2. Ask about their experience using the test?
   a. Any challenges using the test?
   b. Any challenges interpreting the test?
   c. Any instances of harm?

3. Ask if they would like to disclose their test result
   a. Assure them that the information will be kept confidential

4. Disclosure of an HIV positive result
   a. Current emotional status
   b. Explanation of confirmatory test
   c. Referral to confirmatory test site
   d. Explore and address any barriers to confirmatory testing

5. Disclosure of an HIV negative result
   a. Explanation of HIV prevention methods, including VMMC
   b. Referral to VMMC site for men
   c. Explore and address any barriers to VMMC
   d. Re-testing recommendations

6. No disclosure of an HIV
   a. Reiterate instructions for interpretation of the test result
   b. Explanation of confirmatory test for an HIV positive result
   c. Information about where to seek confirmatory testing
d. Explanation of HIV prevention methods, including VMMC
e. Information on where to seek VMMC

Re-testing recommendations

**Critical Participant Take-Aways**

- The next two days of training will build their capacity to distribute an HIV self-test kit, provide accurate pre-and post-test information and support accurate use of an HIV self-test product.
- There are two major stages of self-test distribution in the home:
  - Household Entry and HIVST Mobilization
  - Distributing the HIVST: Ensuring Accurate Use and Linkage to Care
  - Post-Test Follow-Up

3. The CBDA Role in Upholding the 6Cs (10 minutes)

Refer clients back to the 6 C’s that are on a flip chart and were discussed earlier. *Ask participants to split into small groups and discuss each of the 6Cs in the context of self-testing.* The specific questions for discussion are:

- “How does HIV self-testing perform this C?”
- “As a CBDA who distributes a self-testing, what is my role in ensuring each C is carried out?”

*Bring the group together and explore their discussions as a large group.* Major issues to discuss are outlined below:

- **Consent:** Individuals receiving an HIV self-test must still verbally consent for receipt of the HIVST kit. There is a risk that an HIV self-test could be used to test someone against their will (e.g. a sex partner, an employee, etc.). This is why we are only distributing one test for each person we speak with. Clients should be warned that forcing someone to test is illegal and they must only use the test for themselves.

- **Confidentiality:** CBDAs must protect client confidentiality. This means that they must not speak about the people that accepted a self-test, or the results of any test result that is
disclosed to them. Refer back to the HIV testing barriers discussed previously—stigma and discrimination is one major barrier. By ensuring client confidentiality, we ensure that clients do not face discrimination in their communities for seeking a self-test. Confidentiality is crucial to the success of HIVST and CBDAs play an important role in protecting their client confidentiality.

- **Counseling:** In a self-testing model, counseling is not as strong. However, CBDAs play an important role in ensuring that important information about HIV is understood before testing and their post-test follow-up presents an opportunity to provide supportive and encouraging messages for linkage to care. Formal counseling will also be provided when a self-test client links for confirmatory testing. This is why the linkage component of the CBDA’s role is so critically important.

- **Correct Test Results:** Obtaining correct test results, requires that a self-test client use the test correctly and interpret the results accurately. The CBDA is the central role for ensuring this is done. By walking clients through the use of the self-test, with job aids and demonstrations, the CBDA ensures that clients get accurate test results. Additionally, by promoting confirmatory testing for people who are HIV positive, the CBDA plays a critical role in ensuring that this second tests are performed to ensure the self-test results are correct and that the individual can be formally diagnosed and placed on treatment.

- **Connection:** Linkage to care (prevention and treatment) is critically important to the success of HIV testing programs. When the CBDA provides messages about post-test behavior, and follows up with clients, they will need to take time to understand client concerns about linking to care and provide motivational messages to ensuring linkage to appropriate services. This is a very crucial role for the CBDA.

- (Zimbabwe has a 6th ‘Comfort’ Which talks about making the client comfortable. Mostly applies in PMTCT settings) but is applicable in other settings too. A client should be comfortable during testing process even in Self- Testing

**Emphasize that the CBDA is a crucial component for ensuring that the 6Cs are upheld in the distribution of HIV self-tests.** This is an important job that must be taken seriously and performed well.
Critical Participant Take-Aways

- The 6Cs are also upheld in the provision of HIV self-testing.
- The CBDA plays a critical role in ensuring that each of the 6Cs are upheld.
- Lack of consent or confidentiality are major risks that must be protected against by the CBDA.
- Scenarios on Day 3 will explore these risks in detail.

Session 8: Linkage – Prevention, Care & Treatment

Session Objectives:

By the end of this session, participants will be able to:

1) Explain to clients the emotional and functional benefits of linking to HTS after self-testing for both negative and positive clients.
2) Outline some of the actual and perceived barriers to linkages to care and lay down strategies of how they be overcome.

Discuss some of the indicators of social harm and how to detect them. Demonstrate ability to deal with FAQs on HIVST

Facilitator: 
Time: 1 hour

Materials: flip chart paper; markers; power point presentations; HIVST Brochure

8.1 Messaging for Negative Self-testers (20 minutes)

*Explain:
that Individuals who test negative do not need an immediate confirmatory test, but they should test again for HIV if they have ongoing risk for HIV infection (refer to national/WHO testing Guidelines).

If a man tests HIV negative, he can go to a VMMC clinic to undergo circumcision and prevent future HIV infection.

*Take the opportunity to explain that HIV negative test results do not need confirmatory test

*Use the opportunity to re-emphasize risk reduction and “window period” concepts, as well as future re-tests schedule for “at risk” groups

Ensure the following key information is emphasized:

- HIV negative result may signify “window period”
- No need for immediate confirmatory test for an HIV negative test result, but further re-tests by schedule
• Someone who tests HIV negative may actually be infected and capable of transmitting the virus to others if they have had a recent risky exposure
• Condom use
• PrEP, where available for those at continuous risk

8.2 Practical Barriers for Linkage to Care and Treatment (10 minutes)

Facilitation Tips:
In plenary, ask participants about what they know regarding barriers to linkage. Take note of ideas on flip chart.
Continue asking until new ideas are exhausted from participants.

Summarize all ideas, and make a short presentation.

Ensure the following information is communicated:

Barriers to HIV linkage and care continuum belong to three major categories of determinants:

• The first category is summarized in community factors and health perceptions, specifically regarding understanding of the need for HIV treatment.
• Secondly, personal characteristic, emotional and psychosocial barriers, in particular stigma, disclosure and self-confidence.
• And thirdly, structural barriers embedded in health care systems, specifically transport and affordability.

8.3: Motivation strategies to linkage (5 minutes)

Facilitation Tips:

In a plenary, Brainstorm with participants on various ways to motivate clients to link themselves to care.
Ask participants, and take note of their views on sticky notes.

Ways of promoting linkage could include:

• Motivation messages to linkage (Need for additional counseling by an HTS counselor of your choice on how to live positively, benefits of ART, Linking to care a way of taking control of your HIV status)
• Motivational interviewing to promote linkage (IPC skill)

8.4: Linkage Mechanisms/ Tools (5 minutes)

Facilitation Tips:
In a plenary discussion, take participants through available tools designed for linkage:

- Self-referral slips/ Appointment Cards
- Follow-up visits forms by community volunteer
- Directory of referral sites within/nearby
- Hotline

8.5 Social Harms/ Incidents Identification and Reporting (10 minutes)

Definition of Incidents/ Social Harms

Facilitation Tips:

*Ask participants these questions: “What do you understand by the concept “social harm”
“What do you think could be social issues brought by the introduction of HIV self-testing”?
“What do you think could be done to prevent such social harms”/

*Write all ideas on flip charts, and discuss with participants.

Conclude by defining “social harm”, and providing the following list of possible social harms:

“Social harm may be defined as an unanticipated unpleasant social damage that could arise from self-testing”

It may include, but not limited to the following:

- Gender based violence
- Marital issues, including possibility of divorce
- Depression
- Suicide and self-harm
- Rejection
- Coercive testing

Recording and reporting of incidents/ social harms

Facilitation Tips

*Make a short presentation on social harms reporting channels.

Ensure the following is clearly communicated:

- The community volunteer should be the first person to be informed of any suspected HIVST social adverse occurrence
- Next step, the volunteer should report the event to the PSI Field Officer supervising them immediately, available clinic staff for further investigation
Critical Participant “Take-Home”

- There are potential social harms related to the distribution of HIVST including:
  - Suicide or other self-harm
  - Gender-Based Violence
  - Coercive testing
- CBDAs have a role in responding to and reporting social harms:
  - Reporting any social harms, they are informed about
  - Linking clients to basic support services, if needed
- Social harms should be reported as follows:
  - Using social harm reporting template

8.6 Dealing with FAQs on HIV Self –Testing (10 minutes)

Small Group Activity: Ask each group to come up with a list of questions they think clients will ask and where possible, the answers. Reconvene the group and put the questions up on a flip chart. Go through the answers for each one.

If not brought out by the group, address the following questions:

- **Why is the test oral if HIV is not in saliva?**
  - Answer: It is true that HIV cannot be transmitted through saliva. This oral test does not test for the HIV virus. It tests for antibodies that the body produces to fight the HIV virus.

- **Why the lines are labelled T and C?**
  - Answer: T stands for “test” and C stands for “control”. The “C” line tells you if the test is working and the “T” line tells you if HIV is present or not.

- **Why is there a sachet of silicon? What does it do?**
  - Answer: This is not part of the HIVST kit. It only keeps the kit dry. It is not supposed to be eaten or used in the test. Advise the client to throw it out.

- **Is HIVST replacing current PD testing models?**
  - Answer: HIV self-testing is not replacing regular testing at VCT centers. It is a way to address barriers to testing at VCT centers so that more people are able to test and know their status

- **(CBDA related) Am I required to counsel people before giving out the HIVST kits since clients do the test themselves in a place of their choice unlike in PDHTS?**
  - Answer: You do not need to be a trained counselor to distribute HIVST kits. You need to be trained in understanding your role, have adequate information on HIVST so that you can provide adequate information to the person wanting to self-test to enable them to conduct
a self-test properly and link to care after testing. Refer difficult cases to professional counsellors or to hotline for further assistance.

Refer to HIV self-testing brochure for additional FAQs and discuss with participants

- **Ethics and Human Rights**

Sensitise participants on how to uphold ethics and human rights during delivery of services

Use a pre-prepared presentation to outline the human rights principles most relevant to HTS which every service provider should be made aware of (country guidelines relevant to HTS)

These include:

- The right to give informed consent before a medical procedure is carried out
- The right to correct information about for making choices about one’s health and well-being
- The right to privacy, including the right not to have a health condition disclosed
- The right to non-discrimination, equal protection and equality before the law
- The right to marry and found a family
- The right to bodily integrity
- The right to the highest attainable standard of physical and mental health.

Ensure client does not suffer physical or psychological harm

*Maintain a respectful relationship by avoiding:*

- Offensive remarks
- Satisfying personal needs at the expense of the client
- Sexual harassment
Session 9: Monitoring & Evaluation

Session Objectives:

By the end of this session, participants will:

1) Be able to use HIVST data collection tools (paper-based and electronic)

Facilitator: 

Time: 3 hours

Materials: HIVST Register, Client Intake Form (CIF), Tablet loaded with CIF

Facilitation Tips:

In a plenary, take participants through the following reporting tools and how/when to use them (See templates in appendices)

Follow-up with a practical session on how to complete electronic and paper-based data (divide participants in smaller groups of 2 to 3)
Session 10: Logistics & Supply Chain Management

**Session Objectives:**

*By the end of this session, participants will:*

1. Demonstrate the ability to use stock request forms
2. Discuss handling and storage of ST test kits
3. Develop best practices for waste disposal of OFT kits
4. Discuss the importance of returning used kits and handling

**Facilitator:**

**Time:** 2 hour

**Materials:** Requisition forms, Stock control cards, Bar codes, Envelopes for collection of used kits, Collection box, IFU video, HIVST register

10.1: Ordering Kits 1 hour

*Make reference to the supply chain SOP for this section.*

*Discuss the ordering process with participants, using the stock control cards and CBDA register with roles and responsibilities as highlighted in the supply chain SOP*

**Emphasize:**

- **Minimum re-order level for any individual volunteer should be 10 kits** (meaning a volunteer should request for a new stock of test kits whenever his/her current stock is 10 and below)
- **Maximum stock levels for CBD** is 50

*Present the following scenarios to the participants and have them practice filling out the registers and stock control card using the following scenarios*

1. Develop scenario for community volunteer

10.2 Storage and Handling of Kits (30 minutes)

**Facilitation Tips:**

*In a plenary, make a presentation on conditions and handling of test kits.*

*Highlight that in addition each CBDA will be given a bag to carry the test kits*

**Emphasize on the following:**

- Prior to issuing out test kits: provide client education on suitable storage conditions:
  - Used test kits should be put in the provided envelope, then be dropped by the client in designated collection boxes (at clinic or in the community Away from direct sunlight*
- Well ventilated room
- Cool dry place
- First to Expire First Out (FEFO)"
- Used test kits should be put in the provided envelope, then be dropped by the client in designated collection boxes (at clinic or in the community)
- Collections boxes are located at health facility and in the community
- Visual inspection of outer test kit package: Stained/soiled, Crushed, Perforated, Broken seal, Expiry date

10.3: Waste Management (30 minutes)

Facilitation Tips:

Emphasize that “After testing, the outer parts of the kits pack can easily be disposed-off in a usual bin or a pit latrine”. Discourage littering in the community by careless disposal of kit packs.

Emphasize that used test kits should be placed in an envelope and returned to the designated collection points in the community of at the health facility Alternatively, waste to be disposed as non-medical waste.
Practice Session
(2 hours)

*Have the volunteers form groups of 3-4 and practice enrolling a client from beginning to end and provide. If time allows, have each volunteer play the role of the person enrolling a client while another one assumes the role of the client. Have them critique to the processes constructively?*

Evaluation Exercise

(30 minutes)

**Post-course questionnaire** *(same as pre-course)*

Course Evaluation
Appendices:

(To be added)

1. HIVST kits stock control card
2. HIVST Supply chain algorithm
3. CBDA Register
4. HIVST Client intake form
5. Follow up form
6. HIVST self-referral slip
7. Household entry guide
8. Course evaluation tool
9. Pre- & post-course assessment questionnaire

REFERENCES


