



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

June 23, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0276

**TO : DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT,  
MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION  
IN MUSLIM MINDANAO AND ALL CONCERNED**

**SUBJECT : Interim Guidelines on Community Based HIV Screening**

---

**I. BACKGROUND**

Globally, the number of new HIV cases has declined by 33 percent in 2013<sup>1</sup>. However, the Philippines bucks this downward trend. In 2018, the Philippines is cited as the country in Asia and the Pacific with the highest increase in incidence of HIV. Despite the significant increase in the number of new cases, program coverage remains low. Particularly for testing, coverage<sup>2</sup> for three key populations (KP) were as follows:

- Males having sex with males (MSM)<sup>3</sup>: 29%
- Registered female sex workers (RFSW)<sup>7</sup>: 56%
- Male injecting drug users in Cebu (IDU)<sup>8</sup>: 4% (Cebu: 23%)

To bridge the diagnosis gap, the national HIV program commits to diversifying and expanding HIV testing strategies. Building on current good practices and to improve the low-yielding strategies, this Interim Guidelines on Community Based HIV Screening is issued. Community-based HIV screening (CBS) is a strategy to efficiently and effectively reach the harder to reach key populations by their peers, and is envisioned to help increase testing uptake, as well as to link screening reactive clients to services in HIV treatment facilities. The CBS is not meant to replace diagnostic testing options currently available in the country. Rather, it complements the range of screening and testing options available to clients, as one of the differentiated HIV testing service delivery approaches identified in the Philippine Health Sector HIV Strategic Plan 2020-2022.

Trained and supervised volunteers and workers from community – based organizations and medical staff shall be tapped to offer CBS to key populations within their network. Those who will screen reactive will be accompanied to the HIV treatment facility, to ensure that the client will be immediately linked to the continuum of care.

**II. OBJECTIVES**

1. Provide guidance in implementing Community Based HIV Screening (CBS) to stakeholders like Social Hygiene Clinics (SHC) and Community-based Organizations (CBO);
2. Standardize steps and processes in CBS implementation; and
3. Define the roles and responsibilities of CBS stakeholders.

---

<sup>1</sup> UNAIDS. 2013. HIV in Asia and the Pacific.

<sup>2</sup> Coverage definition: Got tested in the past 12 months and know the results. No available national data for TG.

<sup>3</sup> Philippines. Department of Health. (2020). 2018 Integrated HIV Behavioral and Serologic Surveillance.

<sup>8</sup> Philippines. Department of Health. (2016). 2015 Integrated HIV Behavioral and Serologic Surveillance: Technical Report

### III. SCOPE

These guidelines are intended for the conduct of CBS among key populations ages 15 years old and above (e.g., MSM, transgender women, female sex workers and People Who Inject Drugs). The guidelines are in line with the provisions of Administrative Order (AO) 2017-0019 entitled Policies and Guidelines in the Conduct of Human Immunodeficiency Virus (HIV) Testing Services (HTS) in Health Facilities and the Republic Act 11166 or the Philippine HIV and AIDS Policy Act.

For supplemental readings on standard safety precaution and post exposure prophylaxis, users are encouraged to refer to the following guidelines published by the DOH:

- Operating Guidelines for HIV and AIDS Core Team (2013. Philippines: NASPCP- Department of Health, Health Action Information Network, and World Health Organization-Philippine Country Office)
- Post Exposure Management for HIV, Hepatitis B, and Hepatitis C in Health Settings. (2009. Philippines: Department of Health, Health Action Information Network, and World Health Organization-Philippine Country Office)

### IV. DEFINITION OF TERMS

1. **Client** - a person who is a member of the key population availing HIV related services.
2. **Community** – People who belong to a key population at risk for HIV and who may or may not live within the same geographic area.
3. **Community based HIV Screening** – a non-laboratory rapid HIV screening procedure performed by a trained member of a community-based organizations.
4. **Community based organization** - a group of people organized for a particular purpose; may or may not have a formal organizational structure but has a clearly identified leader.
5. **Community-based organization representative** – The executive director or other duly assigned member of the CBO who is tasked to oversee the implementation of CBS at the organizational level.
6. **Community-based HIV Screening Provider or CBS Provider** – A trained and supervised community member who is recognized by a community-based organization to conduct HIV screening using an HIV Rapid Diagnostic Test (RDT).
7. **Community-based HIV screening team** – A team composed of CBS providers, CBO representative, CBO focal person, and SHC head or alternative tasked to implement and oversee the conduct of CBS.
8. **Confidentiality** - an ethical duty that maintains the privacy of any personal information revealed during the entire process of HIV Testing Services.
9. **Consent** – Written decision of a client to undergo HIV screening procedure based on full information.
10. **Finger prick for HIV** – A procedure in which the fingertip is pricked with a lancet to extract blood for HIV screening.
11. **HIV Screening** - a procedure using DOH Food and Drug Administration (FDA)-registered HIV test kits performed through finger-pricking by a trained and supervised healthcare worker, or non-health person who is a recognized member of a community-based organization.
12. **HIV Testing** - refers to initial serological test to determine the presence of antigens and/or antibodies against HIV, performed by a Registered Medical Technologist.
13. **Key populations** – These are males having sex with males, transgender women, people who inject drugs, who are considered high risk for HIV transmission.
14. **Males having sex with males** – Born male, who reported ever having oral and/or anal sex with another male.

15. **Outreach activities** - HIV prevention activities conducted or services provided in the community by a trained service provider.
16. **Quality assurance** – This is a periodic activity conducted by an LGU-hired medical technologist to CBS Providers which include supportive supervision, random check of knowledge, skills, and ethical standard practices, among others.
17. **Reactive result** - an HIV testing or screening procedure that indicates the presence of HIV antibodies and/or antigens.
18. **Social Hygiene Clinics / Reproductive Health and Wellness Center** - These are facilities of the local government units (LGU) that specialize in management and delivery of Sexually Transmitted Infections diagnostics and treatment services.
19. **Rapid HIV Diagnostic Algorithm (rHIVda)** – Uses a combination of 2 or 3 rapid test formats done in sequence on a sample that had a reactive result in the initial screening or test.
20. **Sundown clinic** – An LGU and/or CBO-managed and SHC-attached facility providing HIV testing and treatment which operates after regular business hours to cater to KP.
21. **Transgender woman** – An individual who is born male but who self-identifies as female.

## V. GENERAL GUIDELINES

### A. HIV Screening

1. Community-based HIV screening, with linkage to prevention, treatment, care, and support shall be offered to key populations.
2. Trained and supervised CBS Provider, doctors, nurses, medical technologists, and midwives can independently conduct safe and effective HIV screening using FDA-approved rapid diagnostic kits. HIV screening procedure shall only be regarded as an additional HIV risk screening tool and shall not be considered as the first test to establish HIV diagnosis.

### B. Ethical Guidelines/Code of Conduct

All individuals involved in CBS must familiarize themselves and adhere to the following code of conduct:

1. All clients, regardless of HIV status, must be treated politely and courteously. The client must not feel that he/she is discriminated upon, or manipulated into taking the HIV screening.
2. Confidentiality must be strictly observed at all times. Forms containing the clients' personal information must be kept in a locked cabinet. Access to these forms is limited to the CBS Provider and SHC-designated staff. The CBS Provider must submit all these forms to SHC. (Refer to CBS M&E Manual).
3. Securing the personal data of clients must adhere to the protection provisions of Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012<sup>4</sup> and its Implementing Rules and Regulations of 2016<sup>5</sup>.
4. The CBS Provider must refrain from having romantic or sexual involvement with a client. In the event that the client happens to be the partner of the CBS Provider, the client must be referred to another CBS Provider.

**C. Informed consent shall always be obtained from clients** (i.e., provision of full information before finger pricking). Although verbal consent is adequate, securing informed written consent is recommended.

<sup>4</sup> Philippines. (2012). Republic Act no. 10173 : Data Privacy Act of 2012. Retrieved from <http://www.officialgazette.gov.ph/2012/08/15/republic-act-no-10173/>.

<sup>5</sup> Philippines. (2016). Implementing Rules and Regulations of Republic Act No. 10173, known as the "Data Privacy Act of 2012. Retrieved from <http://www.officialgazette.gov.ph/2016/08/25/implementing-rules-and-regulations-of-republic-act-no-10173>.

**D. Standard safety precautions shall be strictly observed at all times when performing CBS. (Refer to Annex 2.)**

**E. In case of accidental exposure to a potentially infected blood, the CBS Provider shall immediately consult for possible Post Exposure Prophylaxis (PEP). (Refer to Annex 3.)**

## **VI. SPECIFIC GUIDELINES**

### **A. Identification of Potential CBS Provider**

The community-based organizations and/or Social Hygiene Clinics (CBO/SHC) shall engage peer educators, outreach workers, or volunteers for CBS training based on the following pre-qualification criteria:

1. Must be a part of the key population
2. Preferably with network within his/her community (geographic or online)
3. Must be of legal age
4. Must not be squeamish or afraid of seeing blood

### **B. Essential Competencies of a CBS Provider**

1. Knowledge:
  - a. HIV 101
  - b. RA 11166
  - c. Human rights, including child protection
  - d. Policies on HIV screening/testing
  - e. Infection Control Procedures
  - f. Sexual orientation and gender identity and expression (SOGIE)
2. Skills:
  - a. Networking with key populations (community or online)
  - b. HIV Counseling
  - c. Finger pricking
  - d. Use of HIV rapid diagnostic test (RDT)
  - e. Specimen handling
  - f. Basic first aid
  - g. Reporting

**C. Implementing Local Government Units (LGU) may require additional criteria.**

### **D. CBS Materials and Supplies**

The CBS Provider must obtain the materials and supplies<sup>6</sup> needed at the SHC or CBO, preferably on a monthly basis. For monitoring purposes, the CBS Provider must fill up the necessary request form.

The CBS Provider must have the following materials and supplies every time they conduct outreach activities:

1. Job aide/step by step guide to screening
2. Identification cards
3. CBS forms:
  - a. Form 1: Risk assessment & consent/dissent

---

<sup>6</sup> Adapted from Operational Manual for Community-based HIV Testing and Counseling – 2011. Kenya: Ministry of Public Health and Sanitation

- b. Form 2: Referral form
4. Rapid HIV test kits and diluent
5. Lancets and refillable lancet pen for finger pricking
6. Micropipettes
7. Alcohol or hand sanitizer
8. Cotton balls
9. Gloves
10. Face masks (or face shield, as necessary)
11. Sharps disposal container
12. Biohazard waste bag
13. Condoms and water-based lubricants
14. IEC materials
15. Timer
16. Marker for labeling the test kit
17. Writing materials (notebook and ballpen)
18. Bleach

The materials and supplies must be stored in a carrier bag. The bag must have specialized compartments for sharps container and biohazard materials to avoid accidental exposure.

## **E. Training**

The CBS training must cover the following:

1. Standard Safety Precautions
2. Pre-Screening Information
3. Pricking
4. Post-Screening Information
5. Motivational Interviewing
6. Monitoring and Evaluation

## **F. CBS IN SPECIAL CIRCUMSTANCES**

CBS may be applied in special circumstances provided CBS guidelines are followed.

### **1. Access of Minors to CBS**

Young key populations, particularly those below 15 years old, occasionally approach, or are brought to CBS Provider for HIV screening. Consent from the parent or guardian (proxy consent)<sup>7</sup> should be secured prior to screening, and follow the CBS workflow process. Clients who are 15 to less than 18 years old can undergo HIV screening without parental consent pursuant to RA 11166.

### **2. Events-based CBS and HIV reactivity yield**

CBS may be applied in events-based activities, provided the following are observed:

- a. conduct of these activities are in accordance with existing governing policies and guidelines
- b. proper coordination with stakeholders such as LGU-SHCs and other collaborating groups are observed with due diligence
- c. CBS workflow process is adhered to

---

<sup>7</sup> Protocol in the Provision of Proxy Consent on HIV Testing and Services for Children - to be completed by December 1, 2017

- d. Referrals for HIV-reactive individuals are ensured

*Types of events may be as follows:*

- a. **Institutional Events** that are inherent to the institution like schools, companies, clans, etc.
- b. **Special Events** – advocacy events or project-based activities / events done in collaboration with different organizations

### **3. HIV Screening in Health Centers**

In health facilities (HIV Treatment Hubs, Primary HIV Care Clinics, Social Hygiene Clinics/ Reproductive Health and Wellness Centers, and rural/city health centers), where regular services of a registered medical technologist is not always available, the trained health staff are also allowed to perform HIV Screening to their regular clientele, such as, but not limited to pregnant women, TB and STI patients, and walk-in key populations for as long as the provisions in these guidelines are observed.

## **G. PROGRAMMATIC DETAILS**

Implementation of CBS shall be prioritized in all high burden regions and provinces (NCR, Central Luzon, Calabarzon, Western Visayas, and Davao, Cebu and South Cotabato provinces) and in the rest of cities categorized by Epidemiology Bureau – DOH as Category A for HIV. In low level epidemic scenario, i.e., Category B and C areas, careful program planning and risk assessment should be done to ensure that only high risk populations (including high risk Young Key Populations) are prioritized to be offered CBS.

In all instances, the CBS should yield not less than 5% reactivity rates upon HIV screening especially among the MSM and PWID populations. Ideally, the reactivity rates of CBS should match the estimated HIV prevalence in the area (based on the latest IHBSS). All HIV screening reactive individuals should be successfully linked to treatment hubs, while all HIV non-reactive individuals should have access to repeat HIV screening annually or more frequent HIV screening, as the case requires. Condoms and information on Pre-Exposure Prophylaxis shall also be offered. All CBS Providers should be provided with continuing capacity-building activities by the Social Hygiene Clinic staff. In community and facility settings, it is strongly recommended to have a staff fully dedicated as a CBS provider.

## **VII. MONITORING AND EVALUATION**

### **A. Shared Ownership of Data**

Securing the personal data of clients must adhere to the protection provisions of RA No. 10173, otherwise known as the Data Privacy Act of 2012 and the IRR of 2016.

All CBS Provider, CBOs, and SHCs involved in CBS must observe proper documentation and reporting for monitoring and evaluation purposes. CBOs may opt to keep copies of the reports and forms\*, provided that the following are met:

- The CBO fully understands the provision of RA 11166 on confidentiality and RA 10173 on data privacy
- The CBO can provide a secured storage area for the files. Access to these files is limited to the representative and CBS Provider.

*\*Note:* Test logs and other forms containing the client's real name and personal information may not be kept by the CBOs.

## **B. Record-Keeping and Reporting**

The indicators will measure the success of CBS and reflect adherence to the CBS operating guidelines by the stakeholders.

### *At the CBO level*

The following are the data that must be recorded and reported:

- a. By the CBO representative and CBS Provider
  - a. Number of CBOs involved in CBS implementation
  - b. Number of CBS members certified as CBS Provider
  - c. Number of MSM and TG reached by CBS Provider
  - d. Number of MSM and TG screened for HIV
  - e. Number of MSM and TG who were screened reactive through CBS and were accompanied to the SHC
  - f. Reactivity rate of HIV screening
  - g. Incident reports, if any
- b. The CBO representative must verify that the reports submitted by the CBS Provider are accurate. The verified reports must then be submitted to the CBO focal person in a timely manner.
- c. By the CBS Provider
  - a. Daily inventory of supplies
  - b. Amount of supplies provided by and returned to the SHC
  - c. CBS Forms 1 and 2

### *At the SHC level*

- a. All information mentioned above
- b. Number of CBOs involved in CBS
- c. Number of MSM screened through CBS, and linked to treatment services
- d. Number of TG screened through CBS, and linked to treatment services

## **VIII. ROLES AND RESPONSIBILITIES**

1. **DOH Disease Prevention and Control Bureau shall:**
  - a. Formulate plans and policies in the improvement of CBS strategy
  - b. Review CBS training program relative to the implementation of the HTS Policy and Guidelines (AO No. 2017-0019) and provisions of RA 11166
2. **DOH Epidemiology Bureau (EB) shall:**
  - a. Collect required data from Centers for Health Development
  - b. Validate LGU data as needed
  - c. Provide quarterly data feedback to CHDs
3. **DOH-Centers for Health Development (DOH-CHD) shall:**
  - a. Oversee the implementation of CBS in the region
  - b. Collaborate with CBOs and LGUs in the continuity and sustainability of CBS implementation

- c. Advocate the implementation of CBS in local government units
- d. Facilitate CBS training and related activities (e.g. upgrading capacities of CBS Provider)
- e. Update all social hygiene and sundown clinics on all CBS Providers within the region
- f. Provide supportive supervision in the implementation of CBS
- g. Manage or augment CBS-related commodities, supplies, and other resources
- h. Strengthen the service delivery network (SDN) and regularly update its directory
- i. Conduct monitoring and evaluation of CBS implementation
- j. Submit required data to the Epidemiology Bureau

**4. Local Government Units shall:**

- a. Implement CBS, in collaboration with CBOs, as part of its HIV program and ensure adherence to the guidelines, including capacity building and scoping of CBOs (refer to *Community Based HIV Screening in the Philippines Participation Protocol for Community-Based Organizations 2015*).
- b. Ensure sufficient test kits and supplies for CBS implementation
- c. Strengthen SDN and regularly update its directory
- d. Conduct regular CBS team meeting
- e. Assure the quality of the implementation of CBS through monitoring, supportive supervision and evaluation
- f. Conduct continuous mapping of partner civil society / community-based organizations
- g. Facilitate referral of non-reactive clients to other HIV prevention services
- h. Review HIV screening reports and ensure timely submission to CHDs

**5. Non-government/Community-based Organizations are encouraged to:**

- a. Collaborate and coordinate with LGU in the dissemination and implementation of CBS policy and guidelines
- b. Ensure immediate linkage of reactive clients to HTS
- c. Provide feedback to LGU and CBOs on the quality of CBS
- d. Facilitate the referral of non-reactive clients to other services as necessary, e.g., as HIV prevention education, SOGIE, mental health, legal, and others, through the SDN and other existing referral mechanisms.
- e. Monitor CBS Provider– IDs, standards, sanctions, etc.
- f. Update list of CBS Provider and endorse to respective LGUs and CHDs
- g. Secure and maintain CBS data (list of CBS Provider, Form 1)
- h. Ensure timely submission of reports to LGU

**6. CBS Team at the Local Level**

There are two (2) teams at the local level: one is at the CBO level, and the other at the LGU level.

**CBO Level**

*Team composition and team members' roles and functions*

- 1. CBS Provider
  - a. Secure rapid test kits, forms, and other supplies at the SHC or CBO
  - b. Safe-keep the rapid test kits, forms, and other supplies
  - c. Return used test kits to the SHC
  - d. Conduct outreach activity in the community or cruising site
  - e. Identify potential client
  - f. Perform risk assessment
  - g. Provide pre-screening information to the client



- h. Perform HIV screening
  - i. Provide post-screening information to the client, regardless of the result
  - j. Accompany reactive client to the Primary HIV Care Clinics or HIV Treatment Hub
  - k. Submit reports to the CBO and SHC
2. CBO Representative - may either be the Executive Director or a duly designated CBO staff
    - a. Identify and endorse community members who have potentials to be CBS Provider
    - b. Endorse to the Center for Health Development and City or Municipal Health Office list of certified CBS Providers that will conduct CBS in the locality
    - c. Supervise the CBS Provider
    - d. Coordinate with appropriate LGU officials when conducting outreach activities
    - e. Submit activity reports to the SHC
    - f. Ensure that CBS Provider adhere to the CBS protocol
    - g. Coordinate with the CBO focal person
    - h. Ensure that all records are kept safe and confidential

### **LGU (CBS Site) Level**

At the LGU (CBS site level), the CBS team will be tasked to oversee the implementation of CBS, and regularly update their Local AIDS Council.

#### *Team composition and team members' roles and functions*

1. CBO focal person
  - a. Maintain close coordination with other CBO in the community involved in CBS
  - b. Mentor and assist new CBO
  - c. Disseminate information on CBS
  - d. Monitoring
  - e. Investigate reported cases of CBS protocol violation
  - f. Participate in the conduct of periodic assessment to ensure that the services provided by CBS Providers are up to standards
2. SHC Head or representative
  - a. Conduct mapping to identify CBO in their areas
  - b. Identify CBO interested in conducting CBS
  - c. Provide CBO with orientation on CBS
  - d. Conduct or link CBO to CBS training
  - e. Provide CBS Provider with test kits and supplies
  - f. Set the monthly target for CBS Provider
  - g. Conduct periodic assessment of the CBS program
  - h. Maintain close coordination with the CBS team
  - i. Maintain all CBS forms and records and ensure that all forms and records are kept safe and confidential
  - j. Ensure that biohazard wastes generated by CBS are properly collected and disposed
  - k. Ensure immediate linkage of clients with who are HIV screening reactive
  - l. Certify the CBS providers in their area of jurisdiction

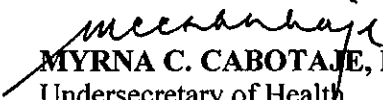

3. SHC medical technologist

- a. Conduct training, monitoring and supervision on finger-pricking, performing HIV screening, ensuring correct interpretation of results, and proper handling and storage of test kits

**IX. EFFECTIVITY**

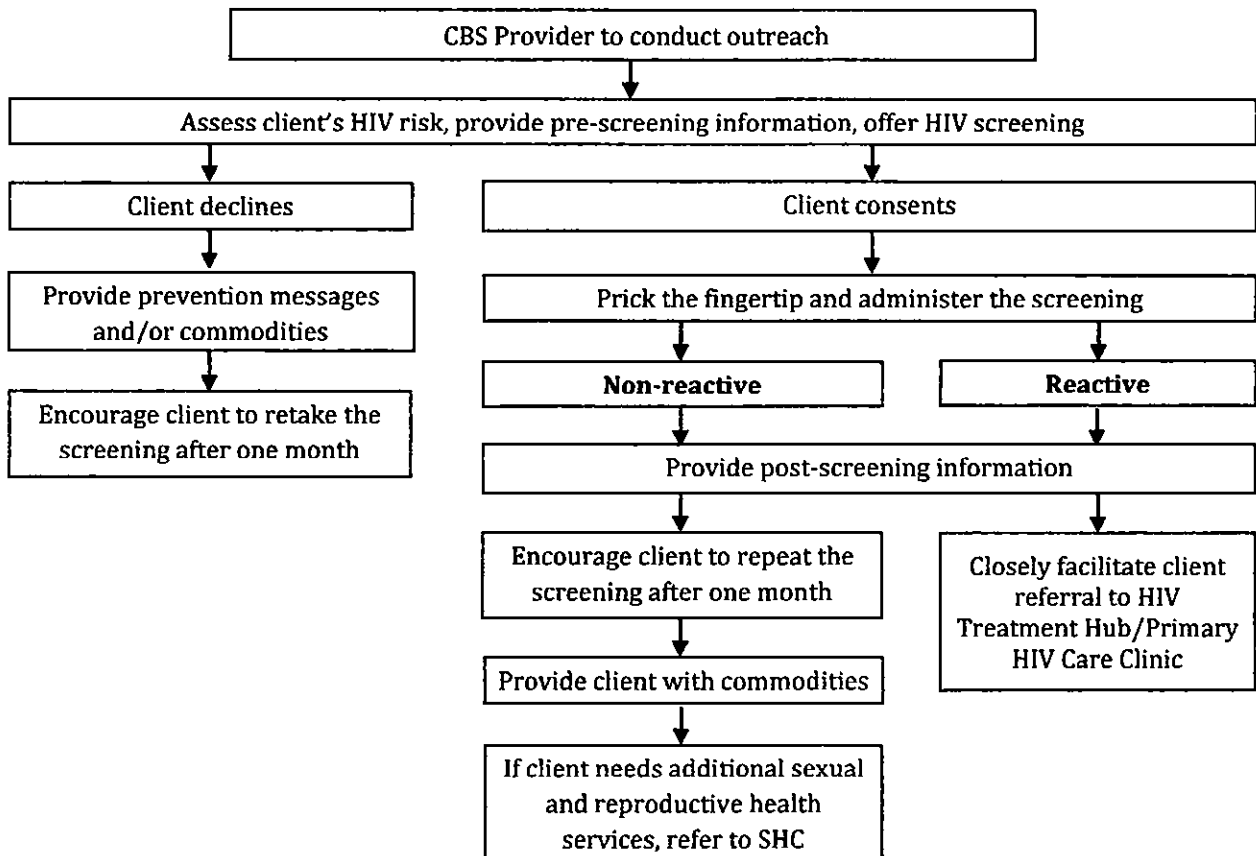
This Order shall take effect immediately.

By Authority of the Secretary of Health:

  
**MYRNA C. CABOTAJE, MD, MPH, CESO III**  
Undersecretary of Health  
Public Health Service Team 

## ANNEX 1. CBS WORKFLOW

The CBS Provider are trained in the details of the CBS workflow process.



## Detailed description of the workflow:

Steps	Tools needed
<p><b>Step 1.</b> Make sure that you have all the materials/supplies you need. Refer to the list of needed supplies and materials.</p> <ul style="list-style-type: none"> <li>• Check the test kits' expiration date. Expired kits must be returned to the SHC for recording purposes</li> </ul>	
<p><b>Step 2.</b> Conduct outreach activity in the community to spot potential clients. If needed, ensure that there is proper coordination with barangay officials.</p>	
<p><b>Step 3.</b> Approach the client and introduce yourself. Explain why you are conducting CBS. Provide him/her with pre-screening information. Fill out the CBS Form 1 and get his/her basic personal information and assess his/her risk. After risk assessment, offer CBS.</p> <ul style="list-style-type: none"> <li>• If client declines, see Step 4.</li> <li>• If client agrees, see Step 5.</li> </ul>	<ul style="list-style-type: none"> <li>• CBS Form 1</li> <li>• Notebook and Pen</li> </ul>
<p><b>Step 4.</b> If the client declines:</p> <ul style="list-style-type: none"> <li>• Encourage him/her to undergo screening at a later time.</li> <li>• Provide him/her with commodities and IEC materials.</li> <li>• Refer him/her to MSM or TG group for other needed services (CBS Form 2).</li> <li>• Note on the CBS Form 1 (Consent/Dissent Form) the reason/s for declining.</li> <li>• Record in the notebook the number of commodities and IEC materials given.</li> </ul>	
<p><b>Step 5.</b> If the client agrees, ask him/her to sign the CBS Form 1, or make a note later on the Form if client agrees but refuses/is hesitant to sign the Consent Form.</p>	
<p><b>Step 6.</b> Using a marker, write the client's Unique Identifier Code (UIC) in the test kit.</p>	<ul style="list-style-type: none"> <li>• Test kit</li> <li>• Marker</li> </ul>
<p><b>Step 7.</b> Put on a pair of gloves. Swab the finger to be pricked with an antiseptic-soaked cotton ball.</p>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Antiseptic solution</li> <li>• Cotton balls</li> </ul>
<p><b>Step 8.</b> Prick the antiseptic-swabbed finger</p>	<ul style="list-style-type: none"> <li>• Lancet</li> <li>• Test Kit</li> </ul>
<p><b>Step 9.</b> After pricking, put the used lancet in the sharps container.</p>	<ul style="list-style-type: none"> <li>• Sharps container</li> </ul>
<p><b>Step 10.</b> Strictly follow the test kit's manufacturer's instructions in administering the screening. Set the timer to the specified time needed before the result can be read.</p>	<ul style="list-style-type: none"> <li>• Timer</li> <li>• Micropipettes</li> <li>• Rapid Test kit</li> </ul>
<p><b>Step 11.</b> Properly dispose the used materials. Reseal the used kits with a masking tape and write the UIC on the package. The used test kits must be returned to the SHC for monitoring purposes. Gloves may be removed at this point and properly disposed.</p>	<ul style="list-style-type: none"> <li>• Masking tape</li> <li>• Pen</li> <li>• Biohazard waste bag</li> </ul>
<p><b>Step 12.</b> Mark the result in the CBS rapid screening result form. Regardless of the result, provide the client with post-screening motivational dialogue. Have the client sign receipt of result using the CBS Form 1.</p> <ul style="list-style-type: none"> <li>• If non-reactive, proceed to Step 12A.</li> <li>• If reactive, proceed to Step 12B</li> </ul>	<ul style="list-style-type: none"> <li>• Pen</li> <li>• CBS Form 1</li> </ul>
<p><b>Step 12A.</b> Provide non-reactive clients with commodities. Record the number of commodities in the notebook.</p> <ul style="list-style-type: none"> <li>• If the client needs other services, refer client to the SHC and/or appropriate CBOs (CBS Form 2).</li> </ul>	<ul style="list-style-type: none"> <li>• Commodities</li> <li>• IEC materials</li> <li>• Notebook</li> <li>• Pen</li> <li>• Referral form</li> </ul>
<p><b>Step 12B.</b> Provide non-reactive clients with commodities. Record the number of commodities in the notebook. Fill out the referral form (CBS Form 2). Closely facilitate referral of reactive client to the Treatment Hub/Primary HIV Care Clinic. Ideally, the client should have been referred to and received by the Treatment Hub or Primary HIV Care Clinic within 15 days after the screening.</p>	<ul style="list-style-type: none"> <li>• Pen</li> <li>• Referral form</li> <li>• IEC materials</li> <li>• Commodities</li> </ul>

## **ANNEX 2. STANDARD SAFETY PRECAUTIONS<sup>8</sup>**

Strict adherence to standard safety precautions helps avoid accidental exposure. It is worth reiterating that all team members must practice standard safety precautions while conducting CBS. For CBS, standard safety precautions consist of three things:

### ***Hand washing/ rubbing***

- Clean hands thoroughly before and after administering the screening. Alcohol or hand sanitizer would suffice.

### ***Use of mask***

- Wearing a clean surgical mask will protect both the service provider and the client from common respiratory infections. Additionally, in times of epidemic of emerging infectious diseases, the CBS provider shall use face shield to protect oneself from droplet transmission.

### ***Use of gloves***

- Gloves should be used at all times during the conduct of the procedure.
- Torn or punctured gloves must not be used or must be immediately replaced.
- Discard used gloves, following the precautions for safe handling and disposal of soiled materials.

### ***Safe handling and disposal of sharps and soiled materials***

- Never break a used lancet.
- Used sharps must be placed in a puncture-proof container (e.g. empty milk can). Do not allow the container to overflow; bring it to the SHC for proper disposal when it is already three-quarters full.
- Micropipettes must be placed in a separate container. Soak the micropipettes in water and bleach solution before disposal.
- Other soiled or used materials, including the test kits, must be placed in a biohazard bag and brought to the SHC for proper disposal.

If the sharps container and biohazard bag would be brought back to the SHC on a weekly or monthly basis, label the containers with hazardous material and keep these in a safe place. In the notebook, indicate the date of waste delivery to SHC.

---

<sup>8</sup> Adapted from Operating Guidelines for HIV and AIDS Core Team, 2013. Philippines: NASPCP-Department of Health, Health Action Information Network, and World Health Organization-Philippine Country Office

### **ANNEX 3. POST EXPOSURE PROPHYLAXIS (PEP) GENERAL GUIDELINES<sup>9</sup>**

Accidental exposure to a potentially infected blood may occur through any of the following:

- Percutaneous exposure (i.e., needle prick)
- Direct skin exposure through abraded or open wound (i.e., soiled material coming into direct contact with a skin abrasion or open wound).

In the event of an accidental exposure, do the following:

**For percutaneous exposure**

- Allow wound to bleed freely; do not squeeze or rub injury site.
- Clean the injury site with an alcohol-free hand sanitizer.

**For direct skin exposure**

- Clean the exposed skin with a mild, alcohol-free hand sanitizer.
- **Regardless of how the exposure occurred, immediately report the exposure to the SHC head.**

The SHC head is required to refer the exposed team member to the nearest treatment hub or hospital with an HIV and AIDS Core Team (HACT) for evaluation. The SHC is also encouraged to have stocks of PEP medicines. When warranted, PEP must be initiated within 72 hours.

Motivators should have immediate access to members of HACT for PEP concerns.

---

<sup>9</sup> Post Exposure Management for HIV, Hepatitis B, and Hepatitis C in Health Settings, 2009. Philippines: Department of Health, Health Action Information Network, and World Health Organization-Philippine Country Office

**ANNEX 4. CBS Form 1: Consent/Dissent Form**



CBS Form 1: Consent/Dissent Form

Instructions to CBS Motivators:

\* Fill-out 1 copy when screening clients. Submit to the CBS Are Coordinator for record keeping.

\* Ask the client to sign the consent form if s/he agrees to undergo screening. Verbal consent should be indicated in the form if client does not want (or refuses?) to sign.

\* Use CBS Form 1 to refer clients who will be screened reactive to the testing center and/or to other services, e.g., HIV 101, counseling, support group, etc.

**PART 1: Batayang impormasyon**

Petsa: \_\_\_\_\_

(Kung hindi kilala ang tatay at nanay, gamitin ang unang letra ng pangalan at apelyido ng kliyente)

Unang dalawang letra ng pangalan ng nanay:  Unang dalawang letra ng pangalan ng tatay:

Pang-ilan sa magkakapatid  Kapanganakan: buwan  Petsa  Taon

Unique Identifier Code (UIC):  Edad: \_\_\_\_\_

Pangalan at/o alyas ng kliyente: \_\_\_\_\_

Tirahan: \_\_\_\_\_ Trabaho: \_\_\_\_\_

Referred by: \_\_\_\_\_ Contact: \_\_\_\_\_

Collaborating CBO (if applicable): \_\_\_\_\_

Sex at Birth:  Male  Female  
 Ano ang tingin mo sa sarili mo?  Male  Female Others: \_\_\_\_\_  
 Type of Client:  MSM  TG Others: \_\_\_\_\_

**PART 2: HIV risk assessment** (Markahan lahat ng isasagot ng kliyente)

Nakipagtalik sa:

<input type="checkbox"/> Babae	<input type="checkbox"/> Vaginal Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Oral <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Anal <input type="checkbox"/> Y <input type="checkbox"/> N	Ilan ang naging partner sa loob ng 12 buwan: _____
<input type="checkbox"/> Transgender women	<input type="checkbox"/> Vaginal Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Oral <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Anal Receiver <input type="checkbox"/> Anal Inserter Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	Ilan ang naging partner sa loob ng 12 buwan? _____
<input type="checkbox"/> Lalaki / Straight / Hetero	<input type="checkbox"/> Vaginal Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Oral <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Anal Receiver <input type="checkbox"/> Anal Inserter Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	Ilan ang naging partner sa loob ng 12 buwan? _____
<input type="checkbox"/> MSM o Maya (Davao & Cebu)		<input type="checkbox"/> Oral <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Anal Receiver <input type="checkbox"/> Anal Inserter Condom use: <input type="checkbox"/> Y <input type="checkbox"/> N	Ilan ang naging partner sa loob ng 12 buwan? _____

Kailan ka huling nakipag-sex sa lalaki/TG/MSM? \_\_\_\_\_

May iba't-ibang sex partners:  Oo  Hindi  Minsan Kung OO/minsan, petsa ng huling sex: \_\_\_\_\_

May partner na positibo sa HIV:  Oo  Hindi

Gumagamit ng drugs:  Oo  Hindi  Minsan Kung OO/minsan, petsa ng huling pag-gamit: \_\_\_\_\_

Injecting drugs:  Oo  Hindi  Minsan Kung OO/minsan, petsa ng huling pag-inject: \_\_\_\_\_

Nakapagpa-HIV test ka na ba?  Oo  Hindi Kung oo, kailan ang huling pagpa-test? \_\_\_\_\_

Kinuha ang resulta ng HIV test?  Oo  Hindi

Bagong kliyente ng CBS:  Oo  Hindi Kung hindi, huling petsa ng nagpa-CBS: \_\_\_\_\_

Ako ay  Pumapayag na mabigyan ng HIV screening Lagda ng kliyente: \_\_\_\_\_  Verbal consent

Hindi pumapayag na mabigyan ng rapid screening test

Dahilan sa hindi pagpayag: \_\_\_\_\_

Nalaman ko ang resulta ng CBS screening:	<input type="checkbox"/> Oo <input type="checkbox"/> Hindi
Nabigyan ng commodities (lagay ang bilang):	<input type="checkbox"/> Condoms <input type="checkbox"/> Lubricants
<b>Lagda ng kliyente</b>	
Bilang ng test kit na nagamit:	_____
Lot Number ng test kit na ginamit:	_____
Expiration date ng test kit na ginamit:	_____
Pangalan at lagda ng CBS motivator:	_____



**ANNEX 5. CBS FORM 2: REFERRAL FORM**



**CBS Form 2: Referral Form**

**Instructions:**

\* Fill-out two (2) copies, one (1) for the receiving institution and one (1) for the motivator. For confidentiality, this form must be secured by the motivator and submit to area coordinator for record keeping.

\* Receiving institutions are: Testing centers (for reactive), other health facilities, support groups, etc. for non-reactive clients to access prevention and psychosocial services

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

**Respectfully referring to your institution:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

UIC: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: \_\_\_\_\_

Contact details: \_\_\_\_\_

**For the following action/s:**

HIV Testing     STI Screening     Other services: \_\_\_\_\_

Motivator: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Signature over printed name \_\_\_\_\_

Community-Based HIV Screening (CBS) Referral Form (Form 2)  
 CBS Motivator's Copy

Date: \_\_\_\_\_

Receiving agency: \_\_\_\_\_

Received by (name): \_\_\_\_\_ Designation: \_\_\_\_\_

UIC: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**For the following action/s:**

HIV Testing     STI Screening     Other services: \_\_\_\_\_