



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Standard Operating Procedure for comprehensive community HIV and TB services in a mobile unit

Effective date : June 2020

1. Purpose

The purpose of this document is to outline the process and procedure for delivering effective, sustainable and quality HIV and Tuberculosis (TB) services to communities (mainly vulnerable hard-to-reach populations) using Primary Health Care (PHC) mobile vehicles.

2. Description of a mobile unit

- A mobile clinic is a temporary health point from which a range of PHC services are provided to targeted communities using a mobile unit (vehicle).
- An outreach team provides services on a regular basis, at a number of points, along a fixed route.
- The outreach team must have a schedule for mobile route, and communities should be made aware of the schedule through facility/community health promotion, non-profit organisations (NPOs), community-based organisations (CBOs), ward-based structures/stakeholders, local councillors and ward-based Primary Health Care Outreach Teams (WBPHCOTs) in order to generate demand for the services.
- The outreach team should be linked to a fixed local health facility serving the catchment area for support, sustainability and continuity of services.

3. Human Resources (essential)

- Professional nurse – multi-skilled [PHC and nurse-initiated management of anti-retroviral therapy (NIMART)] (Mandatory).
- HIV counsellor.
- Data capturer (facility/sub-district office).
- Community health workers.

4. Objectives of the standard operating procedure (SOP) for HIV and TB treatment

- Provide clinical staff with operational information to deliver comprehensive HIV and TB services in a community setting through PHC Mobile unit.
- Serves as a quality assurance tool for management to evaluate and reinforce the quality of services delivered at mobile points.
- Reinforces compliance to current national HIV and TB management guidelines.
- Serves as a document to orientate new staff and reinforce standards for existing staff in HIV and TB service delivery.

5. Cadre and Responsibilities

Cadre	Responsibilities
Professional Nurse	<ul style="list-style-type: none">• HIV testing• Initiate ART• Monitor and evaluate ART• Adherence counselling• Provide management oversight of all services provided by the PHC unit• TB symptom screening and testing• Monitoring of patients on treatment• Prescribe TB treatment• Side effects identification and management
Lay Counsellor	<ul style="list-style-type: none">• HIV Counselling and testing services• TB symptom screening• Adherence counselling• Linkage to care• Index testing• Community mobilisation
Data capturer	<ul style="list-style-type: none">• Capturing clinical records on TIER.NET• Draw reports on missed appointments, outstanding laboratory results for action
Community Health Worker	<ul style="list-style-type: none">• Community mobilisation• Tracking and tracing patients• Household contact screening• Collection of sputum specimen from patients at home

6. Standard Department of Health tools and clinical stationary for recording and reporting

Approved standard PHC records and Electronic Information systems.

7. Management of medicines, commodities and other supplies

All medications and commodities approved for rendering quality PHC comprehensive services according to approved current guidelines and protocol (refer to essential medicines list). All should be obtained from the Department of Health (provided by catchment area local clinic/hospital or district office).

8. Recruitment of clients

- Professional nurses, HTS (HIV Testing Services) counsellors, CHW and linkage officers are tasked with recruiting and enrolling clients into the outreach model.
- Conduct community mobilisation and client education on services offered.
- Encourage clients to bring along ID documents and birth certificate/road to health booklet.
- Contact numbers and next of kin details should be verified at each visit.
- Client files and records should be clearly marked with specific mobile point name.
- Provide ART and/or TB treatment refill date and mutually agree on the service point.
- All initiated clients should be given appointment date according to standard.

9. HIV Services

9.1. HIV Testing Services

Follow HTS policy and guidelines and ensure patient privacy and confidentiality through the use of existing fixed structures.

9.2. Newly diagnosed people living with HIV (PLHIV) or previously known HIV+ not on ART who are ready for ART

- Immediately undergo FTIC (Fast Track Initiation Counselling) and are assessed for ART readiness as per national HIV and AGL guidelines.
- Conduct clinical assessment and physical examination as per guidelines.
- Offer same-day ART initiation if eligible.
- Draw baseline laboratory tests specimen: Follow National Health Laboratory Service (NHLS) PHC laboratory handbook.
- Provide the patient with a standard pack of ARVs.
- Give the patient a seven-day follow-up appointment date for laboratory results.
- Assess for TPT (Tuberculosis Preventive Therapy) eligibility and start on appropriate treatment.
- Record all clinical information recorded in the patient file. The file should be taken to the local clinic or sub-district for capturing on TIER.NET system.
- All clinical files, daily tally sheet/head count and laboratory specimen register etc. should be taken to the local clinic where:
- Nurse clinician hands over clinical files to the data capture to capture information into Tier.Net and keeps line list of patients for follow-up.
- Nurse clinician follow-up on laboratory results, reviews and makes sure appropriate clinical action is taken based on the results. Also ensures that laboratory results are captured into Tier.Net and clinical records
- Patients who do not attend follow-up at day seven are followed-up by the CHW for adherence, and brought back to the clinic for management.

9.3. Newly diagnosed PLHIV or previously known HIV+ not ready for ART

- Patients who are assessed and offered ART but are not ready to start for personal or clinical reasons should be referred to their nearest clinic.
- If the patient has an opportunistic infection e.g. TB, manage clinically as per national guidelines. Collect appropriate laboratory specimen and follow-up patient at local clinic.

9.4. Target setting for PHC mobile vehicles (where applicable):

- Each mobile vehicle be assigned daily target for ART initiation, TPT start and confirmed TB.
- PHC NIMART trained nurse is responsible and accountable for meeting daily these targets.
- PHC NIMART nurse to submit weekly statistics to the fixed clinic.

9.5. Tracing and Recall

- Patients who miss their appointments should be followed up by the local clinic through the use of CHW and WBPHCOT.
- Community-testing partners to work with PHC mobile units to improve linkages to care by testing on site.

10. Applicable Policies

- Medicines and Related Substances Act, 1965 (Act 101 of 1965) as amended, and the regulations and guidelines published in terms of this Act (the 'Medicines Act')
- Pharmacy Act, 1974 (Act 53 of 1974) as amended, and the regulations and rules published in terms of this Act (the 'Pharmacy Act')
- National Health Act, 2003 (Act 61 of 2003) as amended, and regulations issued in terms of the Act
- Nursing Act, 2005 (Act 33 of 2005) as amended, and regulations issued in terms of the Act
- 2019 ART Clinical Guidelines for the management of HIV in adults, pregnancy, adolescents, children, infants and neonates
- Adherence Guidelines (AGLs) for HIV, TB and non-communicable diseases (NCDs) and related SOPs
- Essential drug list for PHC
- PHC package of care
- Community-based Prevention, Care and Treatment guidelines
- 2014 TB Management Guidelines

11. Acronyms

AGL	:	National adherence guidelines
ART	:	Antiretroviral therapy
ARV	:	Antiretroviral
CBOs	:	Community Based Organizations
CHW	:	Community health worker
DTG	:	Dolutegravir
FTIC	:	Fast Track Initiation Counselling
HTS	:	HIV Testing and Counselling
NHLS	:	National Health Laboratory Services
NPOs	:	Non-Profit Organizations
NIMART	:	Nurse-Initiated Management of anti-retroviral therapy
CHC	:	Primary Health Care
TEE	:	Tenofovir + emtricitabine + efavirenz
TLD	:	Tenofovir + lamivudine + dolutegravir
TPT	:	Tuberculosis Preventative Therapy
IP	:	Implementing partner
SOP	:	Standard Operating Procedure
WBPHCOT	:	Ward- based Primary Health Care Outreach Team