





SOP: Documenting HIV Testing Services in Taifa care EMR

[Last updated: August 2025]

Tasks:	End to end navigation of the HIV Testing Services module in Taifa Care
Objective:	Navigation skills
Who:	EMR users
Required Materials:	Username, password, computer installed with the latest version of Taifa Care

Step	Action	Screen shots
Learning Objective s	 By the end of this session, you will be able to Successfully log into Taifa Care EMR. Successfully document all clinical encounter events in the HTS 	



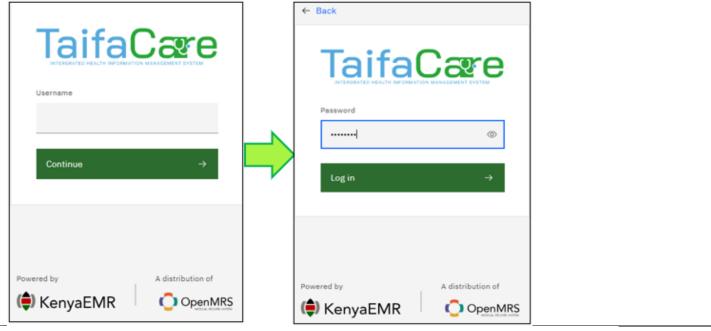




Step 1 Login to Taifa Care

On successful loading, you should be navigated to the system login page.

Authenticate entry by providing a **username** and **password** on the fields, then click "Login" button.

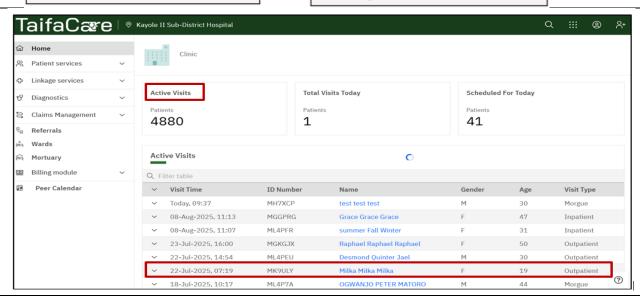


Step 2 Locating a patient to Offer HTS services:

1.From the Active visits page of the facility

Click the patient's name link highlighted in Blue; the system will redirect the user to the patient's home page.

NB: If the Client is not in the database (New) refer to Client registration SOP on how to register a client

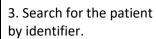




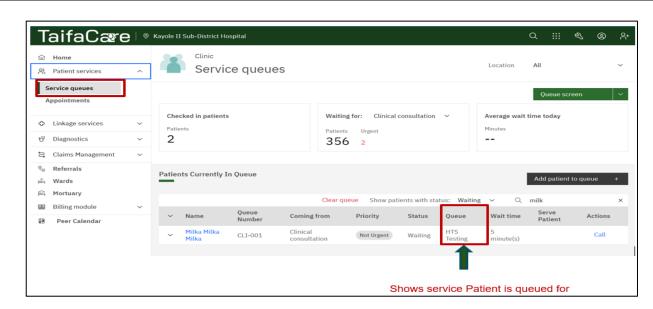


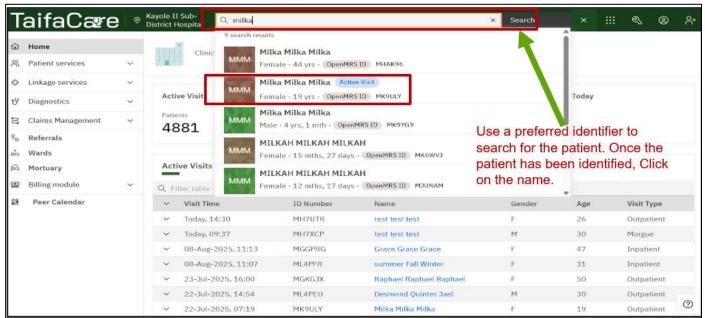


2. From the Service Queues Search for the client in the service they are waiting for e.g. (HTS Testing)



Clicking on the identified patient name will redirect the user to the patient homepage.

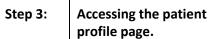










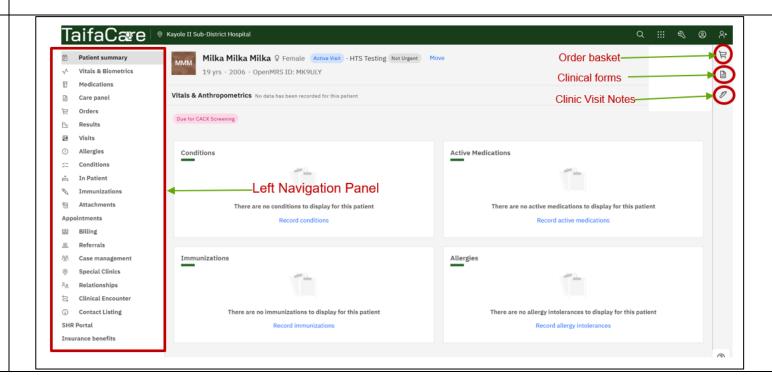


To access the patient profile, click on the search icon, then type the client's name, ID number, or birth certificate number.

Patient Profile Page

On the patient profile page, click on the clinical form's icon located on the right side of the screen to access the HTS service forms.







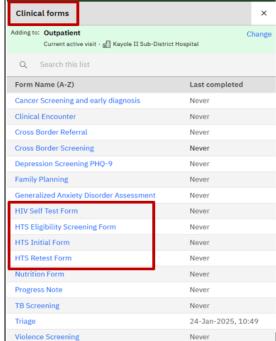




Step 4 HTS Forms availability

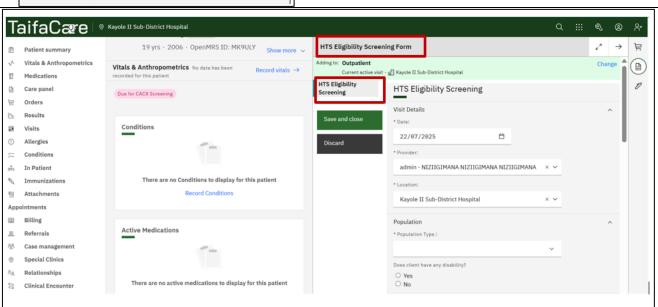
From the clinical suite of forms, as long as the client has not been enrolled to HIV. There will be a set of 4 HTS form available for use. These include.

- HTS Eligibility
 Screening Form
- HTS Initial Form
- HTS Retest Form
- HIV Self-Test Form



Step 5 HTS Eligibility screening form

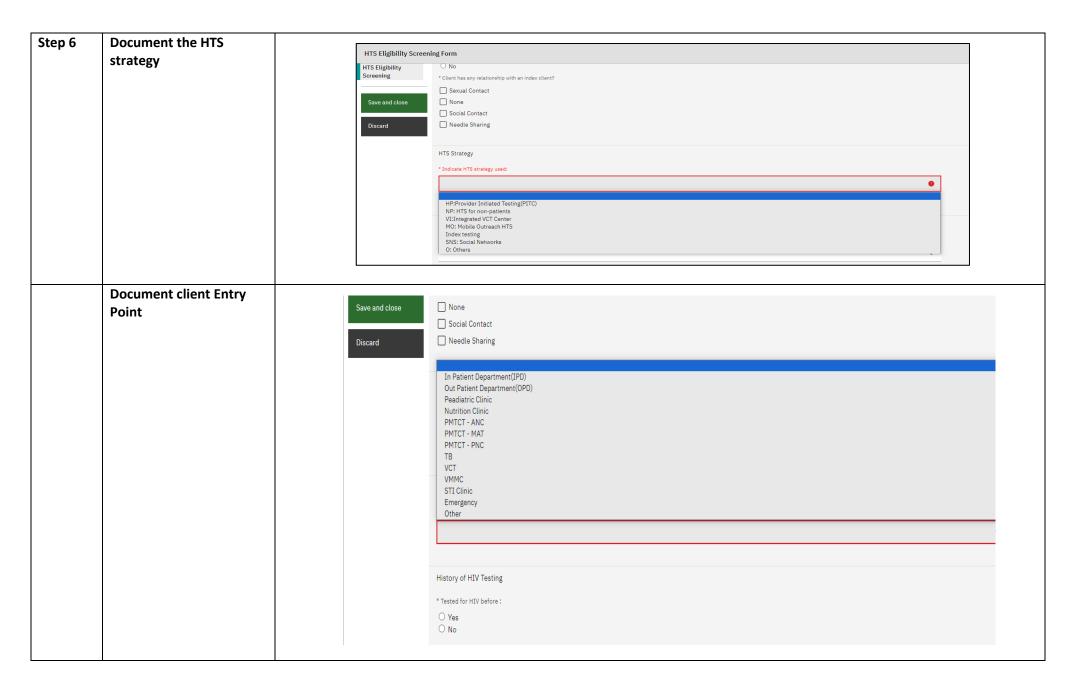
The form screens clients for their eligibility to be tested based on a set criteria.

















Step 7	Document HIV Testing History		HTS Eligibility Screeni	ing Form	₽ ⁷⁸	\rightarrow	>
	,			History of HIV Testing		^	
	Select applicable Tested			* Tested for HIV before :			
			HTS Eligibility	○ Yes			
	for HIV Before status.		Screening	○ No			
	Document the HIV	l li		Risk Assessment		^	
	infection risk associated		Save and close	* Has the client ever had sex?			
	with the client.			○ Yes			
			Discard	○ No			
	Screen client for Violence			* Traditional /non-medical procedures e.g. scarification, plastic tooth			
	Screening.			extraction, Circumcision, uvulectomy etc			
	30.008.			○ Yes ○ No			
	Assess client for past			O NO			
	I -			Violence Screening		^	
	preventive care			* Has the client recently experienced Violence?			П
				○ Yes			П
				○ No			П
							П
				Preventive Care Assessment		^	П
				PrEP Service			П
				☐ PrEP			
				PEP			
				☐ PEP			
				STI Service			
				STI			





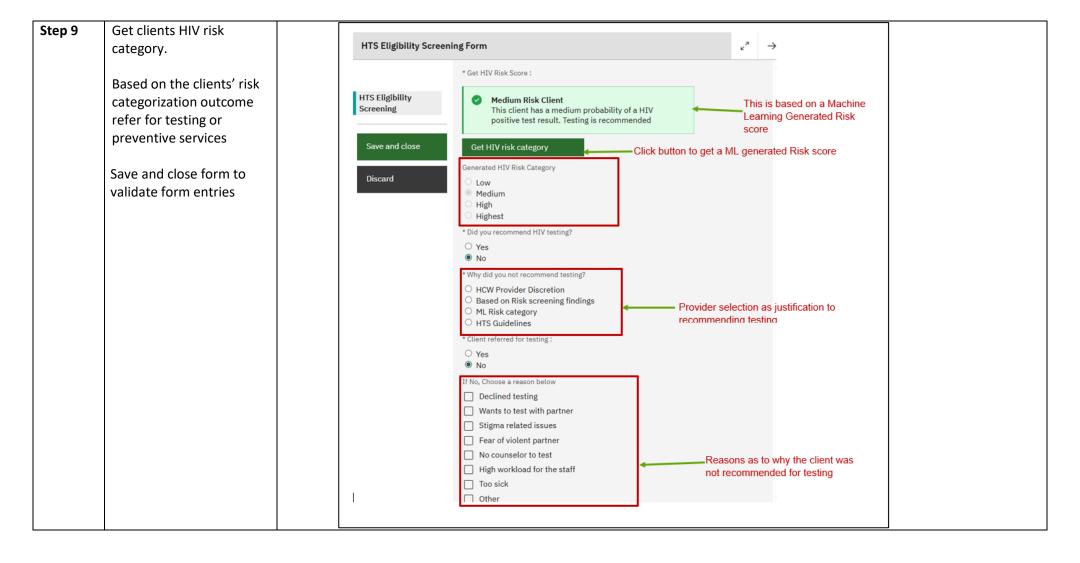


Step 8 Assess client for TB HTS Eligibility Screening Form \rightarrow Risk. Assess client for TB Risk Assessment pregnancy if they * Has the client been screened for TB? HTS Eligibility are female of O Yes Screening O No reproductive age. O Declined to answer Assess if they are a breastfeeding Save and close Pregnancy Assessment mother. * Client currently pregnant? Add if the client is Discard O Yes O No eligible for HIV O Declined to answer testing from a Breastfeeding mother clinical assessment. O Yes O No O Declined to answer Eligibility & Referral for Testing Client eligible for testing: O Yes O No





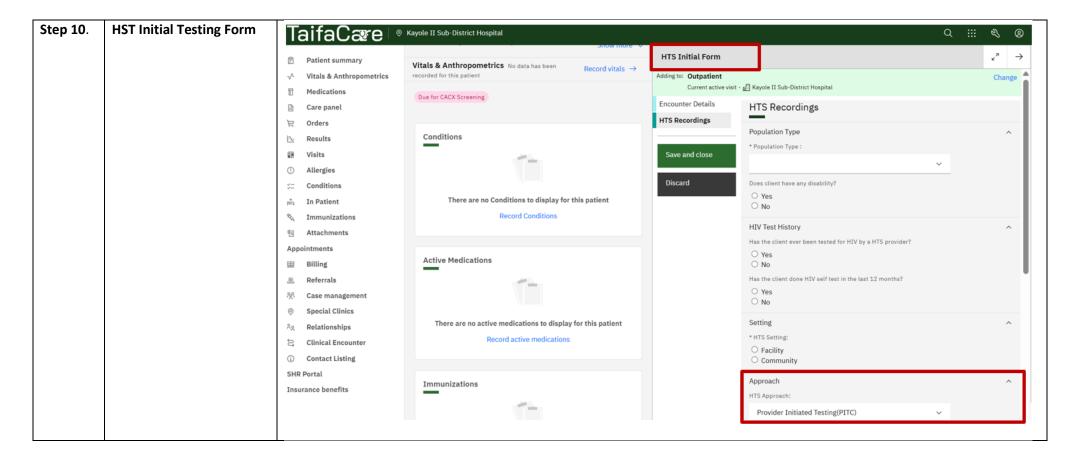








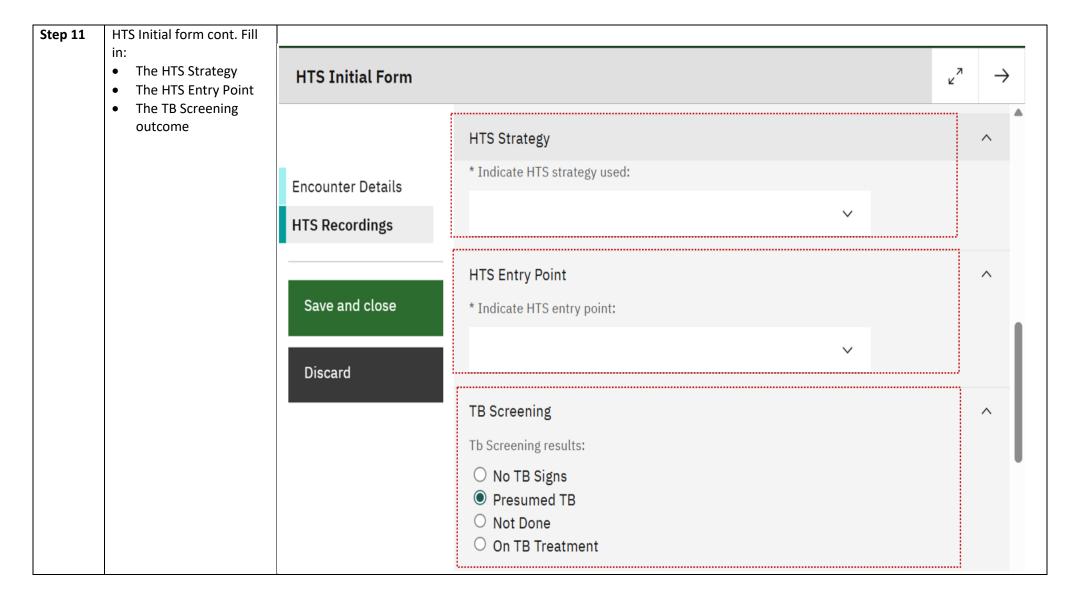








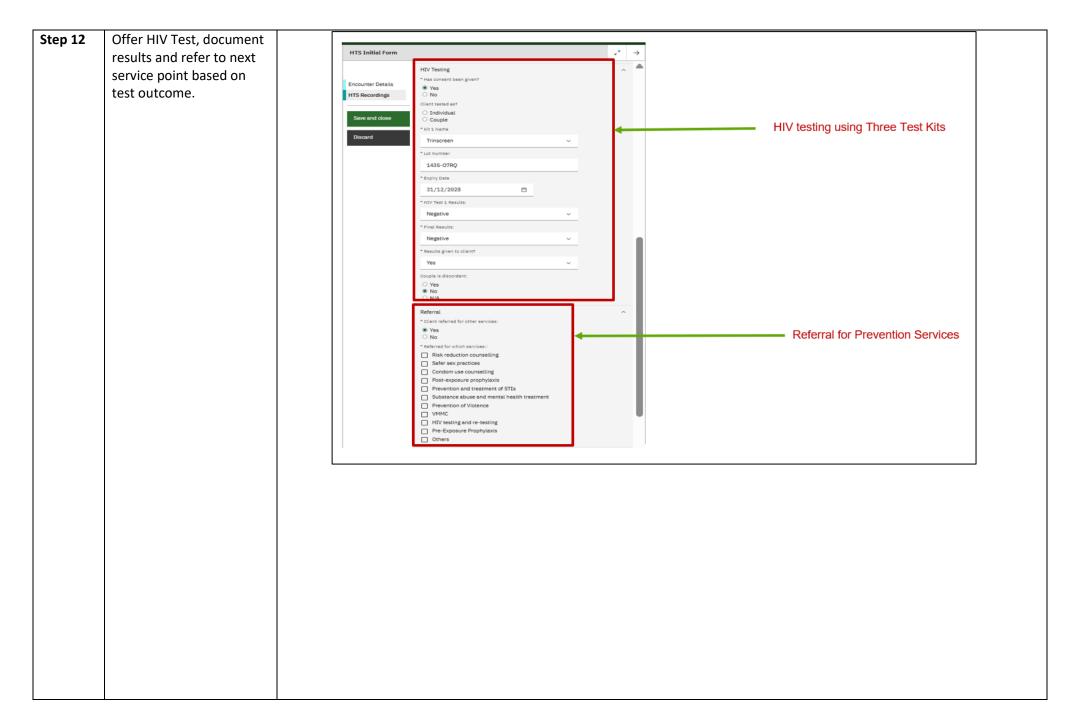


















Step 13 **HTS Retest Form** HTS Retest Form The form should be filled for clients with a Adding to: Outpatient Change "Positive" result at Initial Current active visit · 📶 Kayole II Sub-District Hospital Testing or an Indeterminate" HIV result **Encounter Details HTS Recordings HTS Recordings** Population Type The form has similar fields * Population Type: to the HTS Initial Form Save and close Discard Does client have any disability? O Yes No Specify HIV Test History Has the client ever been tested for HIV by a HTS provider? O Yes Fill the client's Population O No Type Has the client done HIV self test in the last 12 months? O Yes O No Assess client for disability Document client's HIV test history





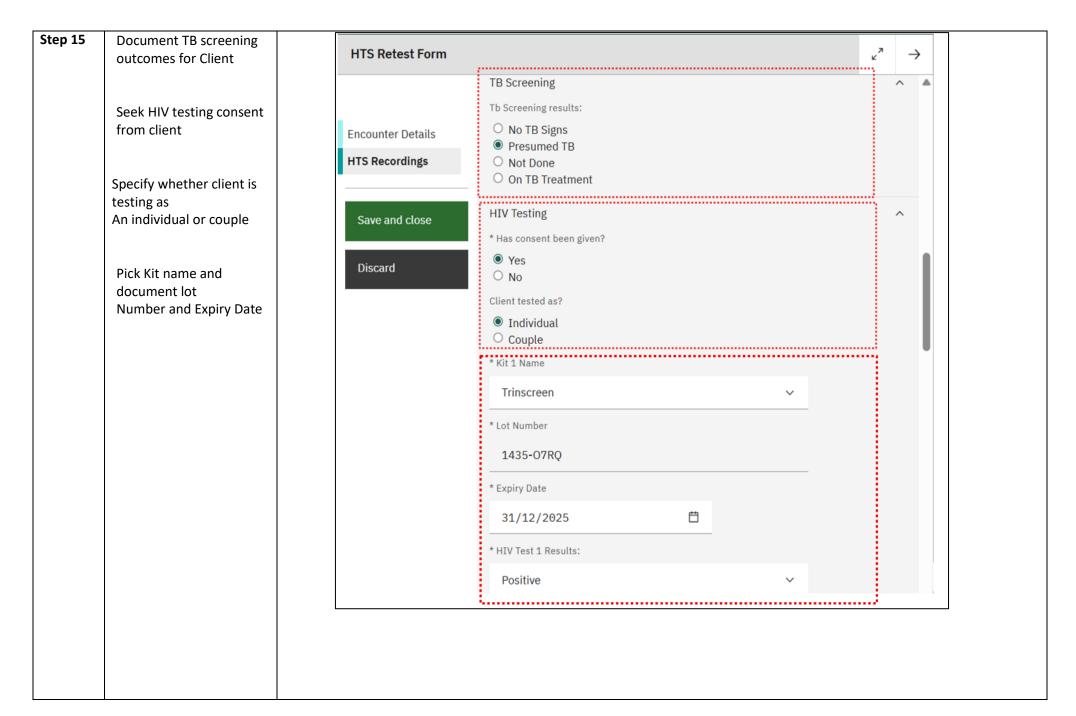


Step 14	Document the HTS service provision setting.	HTS Retest Form		ν ⁷ →
			Setting	^
			* HTS Setting:	
		Encounter Details	Facility	
		HTS Recordings	O Community	
	Document the HTS service approach.		Approach	^
		Save and close	HTS Approach:	
			Provider Initiated Testing(PITC)	
		Discard		
			HTS Strategy	^
	Document the HTS service Strategy.		* Indicate HTS strategy used:	
	scrvice strategy.		HP:Provider Initiated Testing(PITC)	
			HTS Entry Point	^
			* Indicate HTS entry point:	
	Document the HTS		Out Patient Department(OPD)	
	service Entry Point			















Fill the HIV test results for Kit 1,	* Kit 2 Name				
Kit 2 and Kit 3 where necessary	One Step				
necessary	* Lot Number				
	45677-OPT				
	* Expiry Date				
	31/12/2028	ä			
	* HIV Test 2 Results:				
	Positive		~		
	* Kit 3 Name				
	First Response		~		
	* Lot Number				
	45677-CPT				
	* Expiry Date				
	31/12/2027	=			
	* HIV Test 3 Results:				
	Positive		~		
				•	





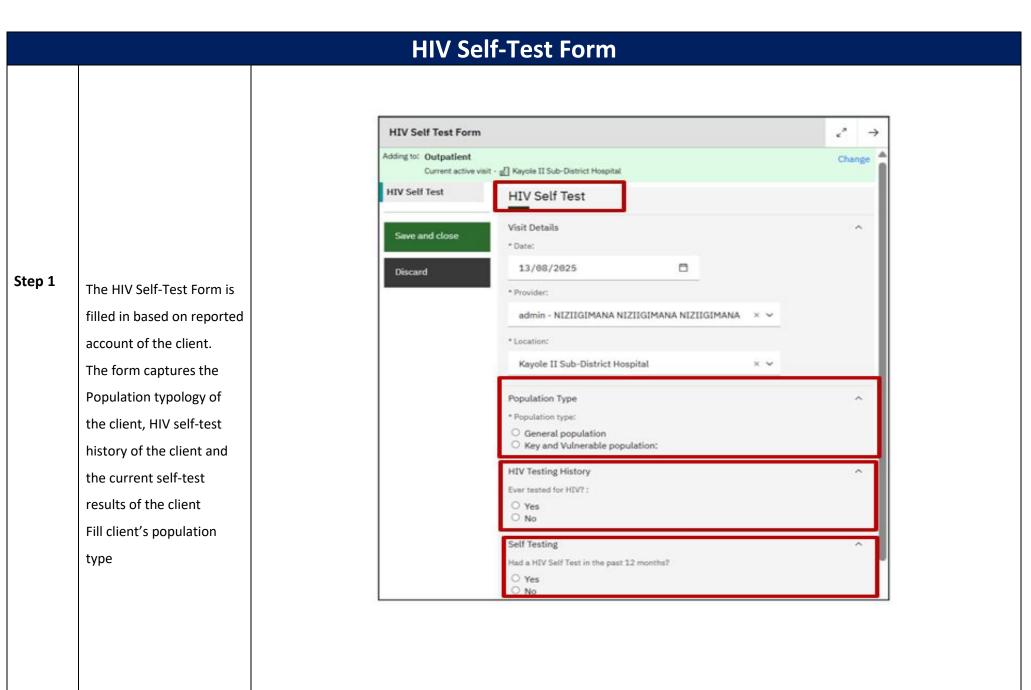


HTS Retest Form \rightarrow * Final Results: Positive Document the Final **Encounter Details** Step 16 * Results given to client? result and refer Client for **HTS Recordings** either preventive, Care and treatment or Couple is discordant: Save and close confirmatory testing O Yes based on the HIV O No N/A Discard retest outcomes. Client referred for other services: Yes \bigcirc No Referral for: Comprehensive care center Referral to: This health facility This Facility: Kayole II Sub-District Hospital Recency screening Has recency screening been done: O Yes O No















Step 2

Fill the current HIV Self-Test Services

Fill clients testing history

Populate client's knowledge of their HIV Status

Fill the client's Current HIV self-test information that includes the reason for self-testing, name of kit issued, kit lot Number and expiry date

NB: Save and close form

Testing				l
Reason for taking HIV Self test	VG+			l
reason for taking fit v Sett test	NI			l
				ı
Name of Kit Issued				ı
				ı
Kit Lot Number				ı
				ı
Expiry Date				
dd/mm/yyyy				ı
				J
Remove				
	_⊸ Add as ma	ou solf to	oto oo	







HTS Linkage

Fill out the details below:

- 1. Linkage Details- Where patient has been referred to and the assigned CCC number.
- 2. Details of the Health Care Worker Linking the patient to care, Name and Cadre.
- 3. Date enrolled in HIV care and Date Started on ART.

