



HIV Clinical Care and Treatment (Outpatient) Facility QA/QI Checklist

Name of Implementing Agency:

Facility Name:

Assessment team member:

Date:

Reminder: This checklist should be completed as part of a broader facility assessment. Please also utilize the ‘General Management, Administrations and Operations’ and ‘General Infection Control’ checklists. The ‘General STI and VCT Laboratory’ checklist should NOT be utilized, as laboratory assessment relevant to clinical care and treatment OP facilities is integrated within this list. Please file this checklist with others completed during the facility assessment.

1. Training	Method	Score					Observations/rationale for score
1.1 All staff members and volunteers have received training appropriate for their work within 2-3 months of recruitment.	SI	NA	MS	-	2		
1.2 Staff members have had infection control training and CPR training.	R	NA	0	1	2		
1.3 Clinical staff members have received training in adult and pediatric HIV management, including palliative care and ART.	R	NA	0	1	2		
1.4 Pharmacy staff members have received training in dispensing and stock management of OI and ART.	R	NA	0	1	2		
1.5 All relevant staff members have attended adherence counseling and education training.	R	NA	0	1	2		
1.6 Staff members are familiar with manual and computerized records management (if applicable).	SI/O	NA	0	1	2		
1.7 All staff members and volunteers receive relevant ongoing refresher training (annually).	SI	NA	MS	-	2		

2. Specific management, administration and operations practices	Method	Score					Observations/rationale for score
2.1 An OPC service needs assessment and ARV readiness assessment, if OPC is offering ARV, were conducted before the service started.	R/MI	NA	MS	-	2		

Scoring Notes:

(NA) Score 0 on an item that is not applicable
 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

Method Notes:

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SI = Staff Interview
 MI = Management Interview

2. Specific management, administration and operations practices	Method	Score				Observations/rationale for score
2.2 Staff members have had baseline CXR and Mantoux. There is a protocol to check for TB in staff members with a cough of > 2 weeks.	MI/SI/R	NA	0	1	2	
2.3 PEP is available for staff members following high-risk exposure, either on site or close by. An algorithm describing management of an exposure is present at the facility. Staff members are trained in PEP.	O/MI	NA	MS	-	2	
2.4 Essential medical equipment is available in the OPC and is in working order :						
2.4.1 Examining beds	O	NA	MS	-	2	
2.4.2 Chairs for patients	O	NA	MS	-	2	
2.4.3 Sheets for examining beds	O	NA	MS	-	2	
2.4.4 Tables for doctors	O	NA	MS	-	2	
2.4.5 X-ray reading machine	O	NA	MS	-	2	
2.4.6 Scale/weighing machine	O	NA	MS	-	2	
2.4.7 Scale to measure height	O	NA	MS	-	2	
2.4.8 Tape measure to measure head circumference	O	NA	MS	-	2	
2.4.9 Thermometer	O	NA	MS	-	2	
2.4.10 Stethoscope	O	NA	MS	-	2	
2.4.11 Torch	O	NA	MS	-	2	
2.4.12 Medical scissors	O	NA	MS	-	2	
2.4.13 Ear-nose-throat examination equipment set	O	NA	MS	-	2	
2.4.14 Ophthalmoscope	O	NA	MS	-	2	
2.4.15 Tendon hammer	O	NA	MS	-	2	
2.4.16 Medical record storage cupboard	O	NA	MS	-	2	
2.4.17 Specialized test request forms/records	O	NA	MS	-	2	
2.4.18 Ambu bag for ventilation	O	NA	MS	-	2	

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2. Specific management, administration and operations practices		Method	Score				Observations/rationale for score
2.5	The national MoH HIV Care and Treatment Guidelines are available and the appropriate staff members are familiar with their content.	O/SI/MI	NA	MS	-	2	
2.6	SOPs, patient flow charts and job aides for HIV management, adherence counseling and ART are available for adults and pediatric patients.	MI	NA	0	1	2	
2.7	Pediatric files include growth monitoring charts.	MI	NA	0	1	2	
2.8	Dosing charts for pediatric patients (OI drugs and ART drugs) are available.	SI/MI	NA	0	1	2	
2.9	Providers are facilitating referrals and clients are able to access important referral services. Documentation of referral linkage utilization is available.	SI/MI/R	NA	0	1	2	
2.10	Doctors participate in internal clinical case reviews and work with other relevant services as part of clinical supervision and support.	MI/SI	NA	0	1	2	
2.11	Appointments for follow-up visits are issued correctly.	R/O	NA	0	1	2	

3. Specific infection control practices		Method	Score				Observations/rationale for score
3.1	The facility has a written TB infection control SOP that outlines a protocol for the prompt recognition, investigation and provision of services for those with suspected TB, including referral of those with suspected drug resistant TB.	O	NA	MS	-	2	
3.2	Staff members are trained in both TB and HIV infection control procedures and guidelines.	O	NA	MS	-	2	
3.3	The HIV OPC screens for clients with prolonged coughs at the reception/triage desk.	O	NA	MS	-	2	
3.4	At the HIV OPC, TB suspect cases are provided with a face mask to cover mouths and noses. They are given advice on respiratory hygiene/cough etiquette, triaged for immediate care and asked to wait in a separate well-ventilated waiting room.	O	NA	MS	-	2	
3.5	Facilities utilize controlled natural ventilation (or other artificial mechanisms such as UV germicidal irradiation) to minimize TB droplet spread.	O	NA	MS	-	2	

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3. Specific infection control practices		Method	Score				Observations/rationale for score
3.6	TB specimens are collected in a separate large well-ventilated room or outside away from people.	O	NA	MS	-	2	

4. HIV clinical care and treatment (OP) service provision		Method	Score				Observations/rationale for score
4.1	Staff members welcome and assist patients in a pleasant manner.	O	NA	0	1	2	
4.2	Patient privacy and confidentiality is observed.	O	NA	0	1	2	
4.3	Staff members identify patients with symptoms for immediate referral to clinician.	O	NA	0	1	2	
4.4	Vital signs taken and weight (plus height and head circumference for children) is recorded.	O	NA	0	1	2	
4.5	Patient is directed to the appropriate health worker.	O	NA	0	1	2	
4.6	Patient waits no longer than half an hour for clinical consultation.	O	NA	0	1	2	
4.7	Staff members are courteous and sensitive to patients (e.g., welcome the patient, do not rush through the visit).	O	NA	0	1	2	
4.8	Clinical assessment includes:						
4.8.1	History of presenting complaint (and detailed past medical/HIV history if it is the first visit)	O	NA	0	1	2	
4.8.2	Appropriate examination for presenting complaint, including to do WHO staging	O	NA	0	1	2	
4.8.3	OI assessment and treatment	O	NA	0	1	2	
4.8.4	TB screening	O	NA	0	1	2	
4.8.5	WHO clinical staging	O	NA	0	1	2	
4.8.6	Pain assessment is carried out using pain scale	O	NA	0	1	2	
4.8.7	Laboratory tests according to SOPs	O	NA	0	1	2	
4.8.8	Appropriate OI prophylaxis for stage of infection/ CD4	O	NA	0	1	2	
4.8.9	Pregnancy screening for women in reproductive age	O	NA	0	1	2	
4.8.10	Family planning for patients of reproductive age	O	NA	0	1	2	

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4. HIV clinical care and treatment (OP) service provision	Method	Score			Observations/rationale for score	
		0	1	2		
4.8.11 Nutritional status	O	NA	0	1	2	
4.8.12 Substance use screening (may be done by doctor, counselor or case manager)	O	NA	0	1	2	
4.8.13 Prevention education (may be done by doctor, counselor or case manager)	O	NA	0	1	2	
4.8.14 Medication side effects	O	NA	0	1	2	
4.8.15 Post-exposure prophylaxis (as appropriate)	O	NA	0	1	2	
4.8.16 Psychosocial assessment (may be done by doctor, counselor or case manager)	O	NA	0	1	2	
4.9 Distressing acute and chronic symptoms (pain, vomiting, diarrhea, constipation, cough, itching, depression, anxiety and insomnia) are treated with appropriate medication, including appropriate pain relief.	O	NA	0	1	2	
4.10 Accurate HIV information is provided to patient, including HIV disease progression, health status, treatments, ART eligibility, nutrition, living with HIV.	O	NA	0	1	2	
4.11 Health status monitoring is scheduled according to SOPs (clinic visits and tests).	O	NA	0	1	2	
4.12 Clinical ART eligibility is observed according to SOPs and, once eligible, the client is promptly referred to adherence counseling and the selection committee.	O	NA	0	1	2	
4.13 Psychosocial assessment is provided where appropriate and relevant support/referral is provided.	O	NA	0	1	2	
4.14 Patient is appropriately referred to other services in the health facility and the community.	O	NA	0	1	2	
4.15 Standard precautions are practiced:						
4.15.1 Hand hygiene	O	NA	0	1	2	
4.15.2 Personal protective equipment	O	NA	0	1	2	
4.15.3 Aseptic technique	O	NA	0	1	2	
4.15.4 Safe injection use	O	NA	0	1	2	

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4. HIV clinical care and treatment (OP) service provision	Method	Score			Observations/rationale for score	
		0	1	2		
4.15.5 Resuscitation	O	NA	0	1	2	
4.16 Effectiveness of symptom management is assessed and alternative treatment provided when initial treatment does not adequately relieve patient's distress.	O	NA	0	1	2	
4.17 End-of-life care, including management of pain and other distressing symptoms, and emotional and spiritual support are provided.	O	NA	0	1	2	
<i>For patients on ART</i>						
4.18 Treatment supporter encouraged for each patient on ART.	O	NA	0	1	2	
4.19 ART readiness procedures, including expectations and time frames, are transparent and clearly explained to patient, family and treatment supporter.	O	NA	0	1	2	
4.20 Each patient and treatment supporter/caregiver attends ARV adherence training prior to starting ART.	SI/R/MI	NA	0	1	2	
4.21 ART adherence education and counseling are provided at each clinic visit.	O	NA	0	1	2	
4.22 Adherence support tools, including pill boxes, pill reminder calendars, and literacy aids are available and provided.	O	NA	0	1	2	
4.23 Lay workers providing treatment support are available.	O	NA	0	1	2	
4.24 Patient understanding of drug information is verified.	O	NA	0	1	2	
4.25 Patient instruction on each drug includes:						
4.25.1 Schedule and dose of each drug	O	NA	0	1	2	
4.25.2 Potential adverse effects	O	NA	0	1	2	
4.25.3 Potential drug-drug / drug-food interactions	O	NA	0	1	2	
4.25.4 Process for prescription refills	O	NA	0	1	2	
4.25.5 Proper storage of drugs	O	NA	0	1	2	
4.25.6 Need for treatment adherence	O	NA	0	1	2	
4.26 Drugs are dispensed in accordance with prescription in individual containers and are clearly labeled.	O	NA	0	1	2	

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4 HIV clinical care and treatment (OP) service provision	Method	Score				Observations/rationale for score
4.27 Where ART is being prescribed for children, weight, height and BSA are measured at every visit, and drug dosing is re-calculated according to MoH approved pediatric ART dosing charts.	O	NA	0	1	2	
4.28 Patients on ART are monitored (through clinical and laboratory monitoring) according to clinical SOPs.	O	NA	0	1	2	
4.29 Adverse or toxic drug reactions to ARVs are managed according to SOPs.	O	NA	0	1	2	
4.30 Treatment failure is assessed and managed according to SOPs.	O	NA	0	1	2	

5. Service availability –the following services are available / in use for adults (+ children where appropriate)	Method	Score				Observations/rationale for score
5.1 HIV counseling and diagnosis for adults and children.	O/MI	NA	0	1	2	
5.2 Diagnosis and treatment of opportunistic infections and other HIV-related conditions for adults and children.	O/MI	NA	0	1	2	
5.3 Prophylaxis for opportunistic infections for adults and children.	O/MI	NA	0	1	2	
5.4 Diagnosis and management of TB-HIV co-infection.	O	NA	0	1	2	
5.5 Post-exposure prophylaxis.	O/MI	NA	0	1	2	
5.6 ART for adults and children.	O/MI	NA	0	1	2	
5.7 Adherence education and counseling for adults and caregivers in the case of children.	O/MI	NA	0	1	2	
5.8 Palliative care supported by the facility in the home as an outpatient and as an inpatient.	O/MI	NA	0	1	2	
5.9 Pharmacy with drug dispensing and counseling.	O/MI	NA	0	1	2	
5.10 Appropriate laboratory services or referral linkage to perform essential HIV-related investigations (FBC, biochemistry, CD4 count) for both adults and children are available and established.	O/MI	NA	0	1	2	

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5. Service availability –the following services are available / in use for adults (+ children where appropriate)	Method	Score				Observations/rationale for score
		NA	0	1	2	
5.11 Nutrition monitoring and education for adults and care-givers in the case of children.	O/MI	NA	0	1	2	
5.12 Food support.	O/MI	NA	0	1	2	
5.13 Psychosocial support including psychological care.	O/MI	NA	0	1	2	
5.14 PLWHA support group.	O/MI	NA	0	1	2	
5.15 HBC.	O/MI	NA	0	1	2	
5.16 Spiritual support.	O/MI	NA	0	1	2	
5.17 Legal assistance.	O/MI	NA	0	1	2	
5.18 Prevention for positives.	O/MI	NA	0	1	2	
5.19 Family planning/STI services/reproductive health.	O/MI	NA	0	1	2	

6. Referral network and linkages	Method	Score				Observations/rationale for score
		NA	0	1	2	
6.1 The OPC is part of a CoC network of services, including: TB, STI, OB/GYN, inpatient wards etc.	O/SI/MI	NA	0	1	2	
6.2 Linkages have been established between HIV services and other health facilities and community services within the catchment areas.	R/SI/MI	NA	0	1	2	
6.3 OPC staff members and PLWHA are represented on the CoC Coordination committee, which is set up and operational.	R/SI/MI	NA	0	1	2	
6.4 Referral procedures for TB, PMTCT, pediatric, PMTCT, STI and inpatient admissions exist and are in use.	R/O/SI	NA	0	1	2	
6.5 There is a strong linkage between the OPC and HBC teams.	O/SI/MI	NA	0	1	2	
6.6 There is evidence of the existence of a two-way referral process between HBC and OPC services.	O/SI/MI	NA	0	1	2	
6.7 Focal persons participate in regular meetings of the referral network.	O/SI/MI	NA	0	1	2	
6.8 The OPC provides equipment, supplies and training support to HBC.	O/SI/MI	NA	0	1	2	
6.9 OPC takes part in HBC team visits when appropriate or uses other methods to link with HBC team activities.	O/SI/MI	NA	0	1	2	

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6. Referral network and linkages	Method	Score				Observations/rationale for score
6.10 PLWHA support groups work in collaboration with the OPC and are supported by the OPC.	O/SI/MI	NA	0	1	2	

7. Management of pharmaceutical supplies (ARV drugs and OI drugs)	Method	Score				Observations/rationale for score
7.1 ARV and OI drugs are procured in accordance with national MoH guidelines and/or FHI guidelines, and meet quality standards.	O	NA	MS	-	2	
7.2 Bulk store rooms for ARV drugs and OI drugs are clean, secure and with adequate cabinet storage.	O	NA	MS	-	2	
7.3 All drugs and HIV kits are stored by the principle "First Expired - First Out".	O	NA	0	1	2	
7.4 Bulk store rooms are equipped with air conditioning, extractor fans and temperature/humidity monitoring devices and recording charts.	O	NA	MS	-	2	
7.5 SOPs and forms/registers for stock management and inventory of drugs and kits are available.	O/R	NA	0	1	2	
7.6 Monthly (and at least quarterly) physical stock counts of drugs are conducted and recorded in the register.	O/R	NA	0	1	2	
7.7 Temperature and humidity of store room is according to SOPs, and is monitored and recorded.	O/R	NA	0	1	2	
7.8 No expired drugs on shelf in the last 3 months.	O/SI	NA	0	1	2	
7.9 No stock-outs in the last 3 months.	O/SI	NA	0	1	2	
7.10 There is a system for dealing with damaged, expired, short-dated and excess levels of drugs and HIV test kits.	SI/R	NA	0	1	2	

8. Dispensing of pharmaceutical supplies (ARV and OI drugs)	Method	Score				Observations/rationale for score
8.1 Emergency drugs are available:						
8.1.1 Adrenalin	O	NA	MS	-	2	
8.1.2 Antihistamines	O	NA	MS	-	2	
8.1.3 Hydrocortisone	O	NA	MS	-	2	

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8. Dispensing of pharmaceutical supplies (ARV and OI drugs)	Method	Score				Observations/rationale for score
		NA	MS	-	2	
8.1.4 Oxygen	O	NA	MS	-	2	
8.2 General and OI drugs are available for both adults (and children if the OPC serves children) according to national MoH guidelines. A basic list includes the following:						
8.2.1 Acyclovir 200mg	O	NA	0	1	2	
8.2.2 Ceftriaxone 1g	O	NA	0	1	2	
8.2.3 Azithromycin 500mg	O	NA	0	1	2	
8.2.4 Doxycycline 100mg	O	NA	0	1	2	
8.2.5 Cephalexin 500mg	O	NA	0	1	2	
8.2.6 Amoxicilin 250mg, 500mg	O	NA	0	1	2	
8.2.7 Penicillin. Benzathine 2.4. MU	O	NA	0	1	2	
8.2.8 Cotrimoxazole syrup	O	NA	0	1	2	
8.2.9 Cotrimoxazole 480mg and 960mg tablets	O	NA	0	1	2	
8.2.10 Ciprofloxacin 500mg	O	NA	0	1	2	
8.2.11 Dapsone 100mg	O	NA	0	1	2	
8.2.12 Metronidazole 250mg	O	NA	0	1	2	
8.2.13 Erythromycin 500mg	O	NA	0	1	2	
8.2.14 Itraconazole 200mg tablets	O	NA	0	1	2	
8.2.15 Mebedazole 100mg	O	NA	0	1	2	
8.2.16 Fluconazole 150mg tablets	O	NA	0	1	2	
8.2.17 Fluconazole syrup 2mg/ml-100ml	O	NA	0	1	2	
8.2.18 Primperan 10mg tablets	O	NA	0	1	2	
8.2.19 Primperan 10mg/2ml injection	O	NA	0	1	2	
8.2.20 Promethazine	O	NA	0	1	2	
8.2.21 Folic acid	O	NA	0	1	2	
8.2.22 Iconazole gel	O	NA	0	1	2	
8.2.23 Enzyl benzoate lotion	O	NA	0	1	2	

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8. Dispensing of pharmaceutical supplies (ARV and OI drugs)	Method	Score				Observations/rationale for score
8.2.24 Iclofenac 50mg	O	NA	0	1	2	
8.2.25 Cimetidine 300mg	O	NA	0	1	2	
8.2.26 Paracetamol 500mg/codeine 30mg	O	NA	0	1	2	
8.2.27 Oral morphine	O	NA	0	1	2	
8.2.28 Paracetamol 120mg/5ml 60ml	O	NA	0	1	2	
8.2.29 Loratadine	O	NA	0	1	2	
8.2.30 Clotrimazole 1%	O	NA	0	1	2	
8.2.31 Hydrocortisone 1%	O	NA	0	1	2	
8.2.32 Vitamin B6 250mg	O	NA	0	1	2	
8.2.33 Multivitamin tablets and syrup	O	NA	0	1	2	
8.2.34 Loperamide	O	NA	0	1	2	
8.2.35 Ibuprofen 200mg tablets	O	NA	0	1	2	
8.3 First line ARV drugs for adults (and pediatric formulations if the OPC serves children) are available according to MoH guidelines:						
8.3.1 Zidovudine	O	NA	MS	-	2	
8.3.2 Lamivudine	O	NA	MS	-	2	
8.3.3 Stavudine	O	NA	MS	-	2	
8.3.4 Nevirapine	O	NA	MS	-	2	
8.3.5 Efavirenz	O	NA	MS	-	2	
8.4 Second line ARV drugs for adults (and pediatric formulations if the OPC serves children) are available according to MoH guidelines:						
8.4.1 Abacavir	O	NA	0	1	2	
8.4.2 Didanosine	O	NA	0	1	2	
8.4.3 Tenofovir	O	NA	0	1	2	
8.4.4 Nelfinavir	O	NA	0	1	2	
8.4.5 Kaletra	O	NA	0	1	2	

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8. Dispensing of pharmaceutical supplies (ARV and OI drugs)		Method	Score				Observations/rationale for score
8.5	Dispensing room for ARV drugs and OI drugs is clean, secure and with adequate cabinet storage.	O	NA	MS	-	2	
8.6	Dispensing area is clean and tidy, and free of clutter.	O	NA	0	1	2	
8.7	Minimum equipment/supplies for pharmacy, including:						
8.7.1	Pill counting trays	O	NA	0	1	2	
8.7.2	Lockable cabinet	O	NA	0	1	2	
8.7.3	Dispensing trays	O	NA	0	1	2	
8.7.4	Dispensing containers, envelopes, bags	O	NA	0	1	2	
8.7.5	Refrigerator and temperature chart	O	NA	0	1	2	
8.7.6	Air conditioning and/or fans	O	NA	0	1	2	
8.7.7	White coats	O	NA	0	1	2	
8.7.8	Gloves, face masks	O	NA	0	1	2	
8.8	SOPs for dispensing medication are available	O/R	NA	0	1	2	
8.9	Medications are dispensed with clear labels and instructions.	O	NA	MS	-	2	
8.10	Dispenser provides counseling about how to take medications, adverse reactions, side effects etc.	O	NA	0	1	2	
8.11	Written material is available with advice for clients on medications, including side effects and drug interactions.	O	NA	0	1	2	
8.12	SOPs and registers to record dispensing and monitoring stock control are available and utilized.	O/R	NA	0	1	2	
8.13	Daily and monthly dispensing records and stock reports are available.	O/R	NA	0	1	2	

9 Laboratory: infrastructure, availability of tests and collection of samples		Method	Score				Observations/rationale for score
9.1	The laboratory is adequately staffed and vacant positions filled.	MI	NA	0	1	2	
9.2	Laboratory staff treat clients and their families/friends with dignity and respect.	O/CI	NA	0	1	2	

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9 Laboratory: infrastructure, availability of tests and collection of samples	Method	Score				Observations/rationale for score
		NA	0	1	2	
9.3 The laboratory have adequate space with privacy for specimen collection (such as phlebotomy chair, dedicated toilet for stool and urine collection, space for sputum collection)	O	NA	0	1	2	
9.4 Copy of written job descriptions for all laboratory staff (laboratory manager, Laboratory technologist, laboratory technician, laboratory support staff, laboratory attendant) are available and staff are aware of their responsibilities	O/SI	NA	0	1	2	
9.5 All laboratory staff meet once a month to discuss general and specific laboratory issues and these meetings are documented	MI	NA	0	1	2	
9.6 The laboratory is clean and tidy and the cleanliness is monitored by Laboratory manager/Hospital manager	O/SI	NA	0	1	2	
9.7 Procedure manual for safe specimen collection (blood, sputum, vaginal and urethral swab, body fluid, urine and stool) is available in specimen reception area	SI	NA	0	1	2	
9.8 Responsible laboratory personnel were trained on specimen collection procedures at the beginning of employment and received refresher training once in the last year	O	NA	0	1	2	
9.9 The laboratory uses disposable material for specimen collection (syringe & needle, blood collection tube, urine, stool and sputum container)	O/SI	NA	0	1	2	
9.10 Procedures for specimen collection are explained to each patient for each specimen	CI	NA	0	1	2	
9.11 Standard procedures for blood collection is followed						
9.11.1 Venepuncture site cleaned with alcohol swab	O/SI	NA	0	1	2	
9.11.2 Tunicate used and patient was asked to clench fist	O/SI	NA	0	1	2	
9.11.3 After collection the puncture site was sealed with band aid.	O/SI	NA	0	1	2	
9.12 The laboratory has a clear guideline for labeling the specimen and tubes are labeled before specimen collection and subsequent aliquot for testing, storage or referral as needed.	O/SI	NA	0	1	2	
9.13 Lab Tests available:						

Scoring Notes:

(NA) Score 0 on an item that is not applicable
 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

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9	Laboratory: infrastructure, availability of tests and collection of samples	Method	Score			Observations/rationale for score	
	9.13.1 Rapid HIV antibody test	O	NA	0	1	2	
	9.13.2 Full blood count	O	NA	0	1	2	
	9.13.3 Liver function test	O	NA	0	1	2	
	9.13.4 Hepatitis B and C serology	O	NA	0	1	2	
	9.13.5 Renal Function and Electrolytes	O	NA	0	1	2	
	9.13.6 Sputum smear microscopy	O	NA	0	1	2	
	9.13.7 Pregnancy test	O	NA	0	1	2	
	9.13.8 CD4 counts	O	NA	0	1	2	
	9.13.9 STI tests (Syphilis, urethral, cervical and vaginal infection),	O	NA	0	1	2	
9.14	National MoH and/or FHI approved SOP is available in the laboratory and is being followed for:						
	9.14.1 Rapid HIV antibody test	O	NA	0	1	2	
	9.14.2 Full blood count	O	NA	0	1	2	
	9.14.3 Liver function test	O	NA	0	1	2	
	9.14.4 Hepatitis B and C serology	O	NA	0	1	2	
	9.14.5 Renal Function and Electrolytes	O	NA	0	1	2	
	9.14.6 Sputum smear microscopy	O	NA	0	1	2	
	9.14.7 Pregnancy test	O	NA	0	1	2	
	9.14.8 CD4 counts	O	NA	0	1	2	
	9.14.9 STI tests (Syphilis, urethral, cervical and vaginal infection),	O	NA	0	1	2	
9.15	Forms and samples are correctly labeled and registered as per SOP (only ID and lab no.)	O	NA	0	1	2	
9.16	All laboratory staff were trained on the respective tests before they started doing the test and received refresher training in the last year	SI	NA	0	1	2	
9.17	Procedures for registering results and transferring them to client files (including notification of abnormal results) exists	O/SI	NA	MS	-	2	

Scoring Notes:

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9 Laboratory: infrastructure, availability of tests and collection of samples	Method	Score				Observations/rationale for score
		NA	MS	1	2	
9.18 Laboratory manager verifies the results before registering and notifying to the patient	O/SI	NA	MS	1	2	
9.19 Lab book containing all primary data source is available	O	NA	0	1	2	
9.20 Contact details of laboratory experts (for tests) are available in case of trouble shooting	SI	NA	0	1	2	
9.21 Test kit, reagents, devices and consumables for all the above mentions tests are available and kept at the recommended temperature.	O	NA	MS	-	2	
9.22 Test kits, reagents and devices are available in stock for the next three month.	O/SI	NA	0	1	2	
9.23 All test kits available in the stock are valid for use and have not expired	O/SI	NA	0	1	2	
9.24 The laboratory has hand washing facilities and soap/disinfectant is available	O	NA	0	1	2	
9.25 The laboratory uses recommended disinfection agents for decontamination and these are available	O/SI	NA	0	1	2	
9.26 Universal precaution and infection control procedures are maintained in all steps of laboratory activities including specimen collection, storage, testing and disposal	O/SI	NA	0	1	2	
9.27 The laboratory has SOP for infectious and non infectious solid, liquid and sharp waste segregation, collection and disposal	O	NA	0	1	2	
9.28 The laboratory collects infectious and non-infectious waste in separate containers	O	NA	0	1	2	
9.29 The laboratory uses appropriate containers for sharp disposal	O	NA	0	1	2	
9.30 The laboratory has facilities for waste disposal such as an incinerator or other acceptable methods.	O/MI	NA	0	1	2	
9.31 The laboratory has guidelines for decontamination and autoclaving of reusable items	O	NA	0	1	2	
9.32 Laboratory has SOP for destruction of biological specimens remaining after test and expired test kits	O	NA	0	1	2	

Scoring Notes:

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 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

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9. Laboratory: infrastructure, availability of tests and collection of samples	Method	Score				Observations/rationale for score
		NA	0	1	2	
9.33 All biological specimens remaining after tests and expired test kits are destroyed as per approved SOP	O/SI	NA	0	1	2	
9.34 The laboratory has quality assurance protocol in place and is being followed for						
9.34.1 Rapid HIV antibody test	O	NA	MS	-	2	
9.34.2 Full blood count	O	NA	MS	-	2	
9.34.3 Liver function test	O	NA	MS	-	2	
9.34.4 Hepatitis B and C serology	O	NA	MS	-	2	
9.34.5 Renal Function and Electrolytes	O	NA	MS	-	2	
9.34.6 Sputum smear microscopy	O	NA	MS	-	2	
9.34.7 Pregnancy test	O	NA	MS	-	2	
9.34.8 CD4 counts	O	NA	MS	-	2	
9.34.9 STI tests	O	NA	MS	-	2	
9.35 Quality assurance visit to the laboratory has been conducted by laboratory experts in the past year?	MI	NA	0	1	2	
9.36 The laboratory participates in an external quality assurance program or inter-laboratory comparison program.	O	NA	MS	-	2	
9.37 The external quality assurance report and are periodically evaluated by the laboratory manager and corrective measures are adopted	MI	NA	0	1	2	

TOTAL SCORE:	/ 524	TOTAL MS MET:	/ 56	NUMBER NAs CIRCLED	/ 262
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Scoring Notes:

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 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

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