

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 3

Quality of care

Record reviews

Additional / Supplementary questionnaire

VERSION 2.1

JUNE 2023



World Health
Organization

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This is a working document that will be updated intermittently based on implementation experience and feedback from users. Users are invited to submit comments through the HHFA feedback form at: <https://feedback.hhfa.online>

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Contents

| | |
|--|-----------|
| Acknowledgements..... | 4 |
| HHFA overview..... | 5 |
| 1. COVER..... | 7 |
| 1.1. COVER PAGE AND FACILITY IDENTIFIERS..... | 7 |
| 1.1.1. FACILITY IDENTIFIERS..... | 7 |
| 1.1.2. GEOGRAPHIC COORDINATES..... | 8 |
| 1.1.3. CONSENT..... | 9 |
| 1.1.4. FACILITY CHARACTERISTICS..... | 10 |
| 1. ANTENATAL CARE..... | 12 |
| 1.1. ANTENATAL CARE (ANC) RECORD REVIEW..... | 12 |
| 2. MALARIA..... | 20 |
| 2.1. UNCOMPLICATED MALARIA RECORD REVIEW..... | 20 |
| 3. HIV..... | 26 |
| 3.1. PMTCT FOR HIV POSITIVE WOMEN RECORD REVIEW..... | 26 |
| 3.2. HIV TESTING SERVICES (HTS) RECORD REVIEW..... | 33 |
| 3.3. ANTIRETROVIRAL THERAPY (ART) RECORD REVIEW..... | 36 |
| 4. TUBERCULOSIS..... | 41 |
| 4.1. TUBERCULOSIS RECORD REVIEW..... | 41 |
| Annex: Client sampling list..... | 50 |
| Antenatal care..... | 50 |
| Malaria..... | 51 |
| PMTCT for HIV positive women..... | 52 |
| HIV testing services (HTS)..... | 53 |
| Antiretroviral therapy (ART)..... | 54 |
| Tuberculosis..... | 55 |

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HHFA overview

The Harmonized Health Facility Assessment (HHFA) is a comprehensive, standardized health facility survey that provides reliable, objective information on the availability of health facility services and the capacities of facilities to deliver the services at required standards of quality.

Availability and quality of health services are integral to achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). HHFA data can support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multistakeholder collaboration, the HHFA builds on previous and existing global facility survey instruments, is based on global service standards, and uses standardized indicators, questionnaires, data collection methodologies and data analysis tools.

HHFA content

The HHFA covers all key facility services and facility-level management systems. The HHFA content is organized into **four modules**: service availability; service readiness; quality of care; and management and finance.

A module represents a set of questions (in questionnaire format) for a main topic area. Countries may choose to implement any single module or a combination of modules. Core questions represent the recommended minimum information, while optional additional questions provide further details. All questions must be linked to defined indicators. Various questionnaire options are available (refer to Fig. 1).

Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core+Additional and/or Supplementary. The Combined questionnaire contains questions from multiple modules, integrated and organized to facilitate data collection. The questionnaires can also be adapted to country needs. All the HHFA questionnaires are programmed into the HHFA Census and Survey Processing System (CSPRO) electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

Fig. 1 HHFA modules and questionnaires

| Service availability | Service readiness | Quality of care | Management and finance |
|--|--|---|--|
| <ul style="list-style-type: none"> • Facility infrastructure • Staff • Beds • Specific services • Building structure | <ul style="list-style-type: none"> • Guidelines • Trained staff • Equipment • Diagnostics • Medicines and commodities | <ul style="list-style-type: none"> • Adherence to standards in patient care process | <ul style="list-style-type: none"> • Management systems • Finance systems • Health information systems • Quality assurance systems |
| Stand-alone questionnaires | Stand-alone questionnaires | Stand-alone questionnaires | Stand-alone questionnaires |
| <ul style="list-style-type: none"> • Availability: Core • Availability: Core+Additional • Availability: Additional/Supplementary <i>Building structure</i> | <ul style="list-style-type: none"> • Readiness: Core | <ul style="list-style-type: none"> • Quality of care: Additional/Supplementary <i>Record review</i> | <ul style="list-style-type: none"> • Management and Finance: Core • Management and Finance: Core+Additional |
| Combined questionnaire | | | |

HHFA resource package

The HHFA resource package is a comprehensive set of downloadable tools and guidance to support countries in planning and implementing an HHFA. The resource package includes: HHFA Indicator inventory platform, Questionnaires, CSPro tool, Data analysis platform, Comprehensive guide, Quick guide, Data manager guide, Training resources, and Global archive. The HHFA resource package is available at:

<https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction>

HHFA questionnaire structure

An HHFA questionnaire is organized into sections and subsections that contain questions related to a specific service aspect or programme. The paper questionnaire is typically structured into five columns:

Column 1: Mod

Column 2: No.

Column 3: QUESTION

Column 4: RESPONSE

Column 5: SKIP

| SECTION 17. SERVICES FOR SPECIAL NEEDS | | | | |
|--|------|---|---|---------|
| Mod. | No. | QUESTION | RESPONSE | |
| | | 17.1. PALLIATIVE CARE | | |
| | | 17.1.1. SERVICE AVAILABILITY | | |
| R_C | 1700 | Does this facility offer any palliative care services? | YES 1 NO 2 | → Q1706 |
| R_C | 1701 | Which of the following palliative health services are offered in this facility: | YES | NO |
| R_C | 01 | Inpatient palliative care | 1 | 2 |
| R_C | 02 | Outpatient palliative care | 1 | 2 |
| R_C | 03 | Home care for palliative care | 1 | 2 |
| R_C | 04 | Linkages with other organizations providing home-based palliative care | 1 | 2 |
| | 1702 | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. | | |
| | | SUPPORT FOR QUALITY SERVICES | | |
| R_C | 1703 | Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3 | |

- **Column 1 - Mod:** The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional.
- **Column 2 – No:** Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q1701 (main question), Q1701_01 (sub-question). (Note that for some rows, the number corresponds to an instruction rather than a question, e.g. Q1702.)
- **Column 3 - QUESTION:** Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These capitalized instructions are not read to the respondent.)
- **Column 4 - RESPONSE:** Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.
- **Column 5 - SKIP:** This column contains arrows that instruct the interviewer to skip to a specific question, to the end of a section, or to other instructions, if necessary.

The questionnaires also contain sentences in capitalized red font that include the term “**COUNTRY ADAPT**”. These sentences highlight questions that may need adaptation to the country context before the questionnaire is finalized for country implementation. Note that the HHFA paper questionnaires are used mainly to review questions during the country questionnaire adaptation process as part of HHFA planning. The CSPro tool is then adapted based on the final country-adapted questionnaire.

Instrument

| Mod/Ind | No. | Question | Result | Skip |
|---------|-----|--|---|------|
| | | 1. COVER | | |
| | | 1.1. COVER PAGE AND FACILITY IDENTIFIERS | | |
| | | 1.1.1. FACILITY IDENTIFIERS | | |
| | | [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY] | | |
| ALL | 100 | Facility code | — — — — — | |
| ALL | 101 | Is this a supervisor validation check of a facility? | YES, SUPERVISOR VALIDATION 1 NO, DATA COLLECTION FOR FACILITY SURVEY 2 | |
| ALL | 102 | Name of facility | _____ | |
| ALL | 103 | Is this facility known by any other names? IF YES, PLEASE SPECIFY | YES 1 NO 2 IF YES, SPECIFY: _____ | |
| ALL | 104 | Location of facility | _____ | |
| ALL | 105 | Name of region/province | NAME OF REGION/PROVINCE: _____ REGION/PROVINCE CODE — — | |
| ALL | 106 | Name of district | NAME OF DISTRICT: _____ DISTRICT CODE — — [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY] | |

| Mod/Ind | No. | Question | Result | Skip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|------|--|---|-----------|------------------|--------------|--|--|------------------|--------------|----|----|------|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| ALL | 107 | Interview date | <p style="text-align: center;">FIRST VISIT(S)</p> <table border="1"> <thead> <tr> <th rowspan="2">VISIT NO.</th><th colspan="4">DATE</th><th rowspan="2">INTERVIEWER CODE</th><th rowspan="2">RESULT CODE*</th></tr> <tr> <th>DD</th><th>MM</th><th colspan="2">YYYY</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>*RESULT CODE 1 = INTERVIEW STARTED 2 = POSTPONED 3 = FACILITY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER</p> <p>COMPLETE GPS COORDINATES REGARDLESS OF RESULTS CODE</p> <p style="text-align: center;">FINAL VISIT</p> <p>DAY _____</p> <p>MONTH _____</p> <p>YEAR _____</p> <p>INTERVIEWER CODE _____</p> <p>RESULT CODE _____</p> | VISIT NO. | DATE | | | | INTERVIEWER CODE | RESULT CODE* | DD | MM | YYYY | | 1 | | | | | | | 2 | | | | | | | 3 | | | | | | | |
| VISIT NO. | DATE | | | | INTERVIEWER CODE | RESULT CODE* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DD | MM | YYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1.2. GEOGRAPHIC COORDINATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | | <p>RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS</p> <p>SET DEFAULT SETTINGS FOR GPS:</p> <ol style="list-style-type: none"> 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 <p>MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY:</p> <ol style="list-style-type: none"> 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER" 12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. <p>BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 108 | Waypoint name (facility number) | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 109 | Altitude (m) | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 110 | Latitude | <p>N/S.....(a) —</p> <p>DEGREES.....(b) — —</p> <p>DECIMAL.....(c) — — — — —</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-----|--|---|-------|
| ALL | 111 | Longitude | E/W.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — — | |
| | | 1.1.3. CONSENT | | |
| | | <p>The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are working to collect information about the availability of key health services in different facilities. This information will be collected in selected primary health care and secondary referral facilities across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered and where they are being offered.</p> <p>The present study will be conducted across the country. The facilities included in the survey were selected randomly from a list of all facilities at the [subnational level]. The selection process was done in a manner that ensured equal opportunity for every facility in each [state] to be included in the sample.</p> <p>As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various services so that we can correctly identify the components of these services that are offered in this facility. We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 10 minutes, depending on how busy each separate site is.</p> <p>Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with.</p> <p>The information on service availability will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. No names of any respondents will be shared.</p> <p>In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:</p> <p>[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]</p> <p>At this point do you have any questions about the study? Do I have your agreement to proceed?</p> <hr/> <div> <div> <i>Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge</i> </div> <div> <i>Signature of facility staff authorizing data collection and position of the person providing authorization</i> </div> </div> | | |
| ALL | 112 | Consent given by facility contact? | YES 1 NO 2 | ➔ END |

| Mod/Ind | No. | Question | Result | Skip |
|----------------|-----|--|---|-------|
| | | 1.1.4. FACILITY CHARACTERISTICS | | |
| ALL / AAB, AAC | 113 | Type of facility [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION] | NATIONAL REFERRAL HOSPITAL..... 1 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 2 DISTRICT HOSPITAL 3 OTHER GENERAL HOSPITAL 4 SPECIALTY HOSPITAL..... 5 COMPREHENSIVE HEALTH CENTRE/ POLY CLINIC..... 6 HEALTH CENTRE 7 CLINIC/DISPENSARY 8 HEALTH POST 9 MATERNAL/CHILD HEALTH CLINIC..... 10 OTHER 96 (SPECIFY) | |
| ALL | 114 | Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION] | GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 1 LOCAL GOVERNMENT 2 GOVERNMENT (INSTITUTIONAL): MILITARY/POLICE/NATIONAL GUARD 3 UNIVERSITY 4 NGO/NOT-FOR-PROFIT 5 MISSION/FAITH-BASED 6 PRIVATE-FOR-PROFIT 7 OTHER 96 (SPECIFY) | |
| ALL | 115 | Are the managing authority and the ownership of the facility the same? | YES 1 NO 2 | →Q117 |

| Mod/Ind | No. | Question | Result | Skip |
|--|-----|--|---|------|
| ALL | 116 | Which of the responses best describes the ownership for this facility? | GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 1 LOCAL GOVERNMENT 2 GOVERNMENT (INSTITUTIONAL): MILITARY/POLICE/NATIONAL GUARD 3 UNIVERSITY 4 NGO/NOT-FOR-PROFIT 5 MISSION/FAITH-BASED 6 PRIVATE-FOR-PROFIT 7 OTHER 96 (SPECIFY) | |
| ALL | 117 | RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN (FROM SURVEY LIST) | URBAN 1 RURAL 2 PERIURBAN 3 | |
| ALL / AAI, AAJ, AAK, AAM, AAZ, ABA, ABB, ABC, ABD, ABE, ABF, ABG, ABH, ABI, ABJ, ABK, AJK, AJL, AND, ANE, ANF, ANG, ANH, ANI, ANJ, ANK, ANL, CXV, CXW, CXX, CXY, CZH, CZI, CZJ, CZM, CZK, CZL, CZN, CZO, CZP, CZQ, CZR, CZS, CZT, CZX, CZY, CZZ, DAA, DAI, DAJ, DAK, DAL | 118 | Service levels available | OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH OUT AND INPATIENT 3 | |

| Mod/Ind | No. | Question | Result | Skip |
|---|-------|--|-------------------------|--------|
| | | 1. ANTENATAL CARE | | |
| | | 1.1. ANTENATAL CARE (ANC) RECORD REVIEW | | |
| | | Now I would like to ask you questions related to antenatal care. | | |
| Q_A / DAM, DAN, BBM, DAR, DAO, DAS, DAT, CIH, DAP, CIA, CIC, CIB, CID, DAX, DAY, DAZ, DBA, DBC, DBB | 13000 | Are antenatal care services offered in this facility? | YES..... 1 NO..... 2 | →13100 |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|--|---|--------|
| Q_A | 13001 | <p>ELIGIBILITY CRITERIA: CLIENT ATTENDED ANC AND WAS AT LEAST 32 OR MORE WEEKS PREGNANT DURING MOST RECENT VISIT OR COUNTRY SPECIFIC ELIGIBILITY CRITERIA NOT BASED ON GESTATIONAL AGE [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A “RECORD” REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | __ NUMBER OF MONTHS | |
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | __ __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | →13100 |
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS | __ NUMBER REPLACED NONE 0 | |
| | | NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | | |

| Mod/Ind | No. | Question | Result | Skip |
|--|-------|---|--|------|
| Q_A | 04 | <p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED ANTENATAL CARE SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p> | <p>ANTENATAL CARE REGISTER..... A</p> <p>INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDS B</p> <p>PMTCT REGISTERC</p> <p>OUTPATIENT DEPARTMENT (OPD) REGISTER D</p> <p>LABORATORY REGISTERE</p> <p>PHARMACY REGISTER.....F</p> <p>LABOUR AND DELIVERY REGISTER G</p> <p>ITN REGISTER H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |
| Q_A | 13002 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | <p>____ HOUR ____ MINUTES</p> | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | |
| Q_A | 13003 | QUESTIONS | <p>CLIENT 1</p> <p>CLIENT 2</p> <p>CLIENT 3</p> <p>CLIENT 4</p> <p>CLIENT 5</p> | |
| Q_A / DAM | 01 | What was the recorded gestational age (in weeks) at the first ANC visit? | <p>____ WEEKS..... →13004</p> <p>NOT RECORDED..... 98</p> | |
| Q_A | 02 | What was the recorded date of last menstrual period (LMP) at the first ANC visit? | <p>DAY..... — —</p> <p>MONTH..... — —</p> <p>YEAR..... — — —</p> <p>NOT RECORDED98 →13004</p> | |
| Q_A | 03 | What was the recorded date at the first ANC visit? | <p>DAY..... — —</p> <p>MONTH..... — —</p> <p>YEAR..... — — —</p> <p>NOT RECORDED98 →13004</p> | |
| Q_A | 13004 | PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE <u>MOST RECENT ANC VISIT</u> | | |
| Q_A | 01 | What was the recorded gestational age (in weeks) at the most recent ANC visit? | <p>____ WEEKS →04</p> <p>NOT RECORDED..... 98</p> | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|----------------|-----|---|--|---|--|--|---|------|
| Q_A | 02 | What was the recorded date of last menstrual period (LMP) at the first ANC visit? | DAY..... — — MONTH — — YEAR — — — — NOT RECORDED. 98→04 | DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED. 98→04 | DAY — — MONTH — — YEAR..... — — — — NOT RECORDED 98→04 | DAY..... — — MONTH — — YEAR — — — — NOT RECORDED 98→04 | DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED. 98→04 | |
| Q_A | 03 | What was the recorded date at the most recent ANC visit? | DAY..... — — MONTH — — YEAR — — — — | DAY..... — — MONTH..... — — YEAR — — — — | DAY — — MONTH — — YEAR..... — — — — | DAY..... — — MONTH — — YEAR — — — — | DAY..... — — MONTH..... — — YEAR — — — — | |
| Q_A | 04 | What was the age (in years) of the client at the most recent visit? | ___ YEARS..... →07 NOT RECORDED.....98 | ___ YEARS..... →07 NOT RECORDED..... 98 | ___ YEARS→07 NOT RECORDED 98 | ___ YEARS →07 NOT RECORDED98 | ___ YEARS..... →07 NOT RECORDED..... 98 | |
| Q_A | 05 | What was the recorded client date of birth? | DAY..... — — MONTH — — YEAR — — — — NOT RECORDED..... 98→07 | DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED..... 98→07 | DAY — — MONTH — — YEAR..... — — — — NOT RECORDED98→07 | DAY..... — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED..... 98→07 | |
| Q_A | 06 | What was the recorded date at the most recent ANC visit? | DAY..... — — MONTH — — YEAR — — — — | DAY..... — — MONTH..... — — YEAR — — — — | DAY — — MONTH — — YEAR..... — — — — | DAY..... — — MONTH — — YEAR..... — — — — | DAY..... — — MONTH..... — — YEAR — — — — | |
| Q_A / DAN, BBM | 07 | Which ANC visit (number) does the most recent visit represent? | ___ VISITS NOT RECORDED..... 98 | ___ VISITS NOT RECORDED 98 | ___ VISITS NOT RECORDED98 | ___ VISITS NOT RECORDED 98 | ___ VISITS NOT RECORDED..... 98 | |
| Q_A / DAR | 08 | Is the client's blood pressure documented for the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DAO | 09 | Is any hemoglobin or hematocrit result documented for the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DAS | 10 | Is it documented that the client was provided or prescribed iron and folic acid during the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|---|---|---------------------------|---------------------------|---------------------------|---------------------------|--------------------------|--------|
| Q_A / DAT | 11 | Is there documentation that the client received counseling on pregnancy danger signs at the most recent visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13005 | DOCUMENTATION OF ROUTINE ANC SCREENING AND INTERVENTIONS | | | | | | |
| Q_A / DAP | 01 | Is a syphilis blood test result documented at any ANC visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / CIB | 02 | Is there documentation that the client received any medicine for the treatment of intestinal worms (e.g., albendazole, mebendazole)? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / CID | 03 | Is there documentation that the client was offered oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF)? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / CIH | 04 | Is there documentation that the baby's heartbeat was listened to at least once during ANC? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 05 | Is any hemoglobin or hematocrit result documented for any ANC visit during this pregnancy? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | INTERMITTENT PREVENTIVE TREATMENT (IPT) SERVICES (FOR MALARIA) | | | | | | | |
| Q_A | 13006 | Are IPT services for malaria offered for ANC clients? | YES 1 NO 2 | | | | | →13008 |
| Q_A | 13007 | IPT SERVICES FOR MALARIA DOCUMENTED AT ANY VISIT | | | | | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|---------------------|---------------------|---|---|---|--|--|---|--------|
| Q_A / CIC, DAX, DAY | 01 | Is there documentation at any visit that the client was provided or prescribed 3 or more doses of IPT? | YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3 | YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3 | YES 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3 | YES 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3 | YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3 | |
| Q_A / DAZ | 02 | Is there documentation at any visit that the client received 2 doses of IPT? | YES..... 1→04 NO 2 | YES..... 1→04 NO 2 | YES 1→04 NO 2 | YES 1→04 NO 2 | YES..... 1→04 NO 2 | |
| Q_A / DBA | 03 | Is there documentation at any visit that the client received 1 dose of IPT? | YES..... 1 NO 2→07 | YES..... 1 NO 2→07 | YES 1 NO 2→07 | YES 1 NO 2→07 | YES..... 1 NO 2→07 | |
| Q_A / DAX, DBC | 04 | What was the documented gestational age (in weeks) at 1 st IPT dose? | ___ WEEKS →07 NOT RECORDED 98 | ___ WEEKS →07 NOT RECORDED 98 | ___ WEEKS →07 NOT RECORDED 98 | ___ WEEKS →07 NOT RECORDED 98 | ___ WEEKS →07 NOT RECORDED 98 | |
| Q_A | 05 | What was the recorded date of last menstrual period (LMP) at the first ANC visit? | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07 | |
| Q_A | 06 | What was the recorded date when the 1 st IPT dose was delivered? | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | |
| Q_A / DBB | 07 | Is there documentation at any visit that the client received an insecticide treated net (ITN) or voucher for ITN? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | HIV SERVICES | | | | | | | |
| Q_A | 13008 | Are PMTCT services offered for ANC clients? | YES 1 NO 2 | | | | | →13010 |
| Q_A | 13009 | Are any of the below recorded for any visit? | | | | | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-----|--|---|---|--|---|---|------|
| Q_A | 01 | Was the client on life-long ART prior to attending ANC? | YES..... 1→11 NO 2 NOT DOCUMENTED... 98 | YES 1→11 NO 2 NOT DOCUMENTED... 98 | YES 1→11 NO 2 NOT DOCUMENTED ... 98 | YES 1→11 NO 2 NOT DOCUMENTED .. 98 | YES..... 1→11 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / CIA | 02 | Is there documentation at any visit that the client was offered and received an HIV test or was referred for an HIV test during ANC? | YES..... 1 NO 2→12 | YES 1 NO 2→12 | YES 1 NO 2→12 | YES 1 NO 2→12 | YES..... 1 NO 2→12 | |
| Q_A | 03 | Is there documentation at any visit that the client received the results of her first HIV test? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 04 | What is the result documented for the client's first HIV test during ANC? | POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12 | POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12 | POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12 | POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12 | POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12 | |
| Q_A | 05 | Is there documentation that the client had another ANC visit 12 or more weeks after the HIV negative result? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 06 | Is there documentation that the client received a 2 nd HIV test in the third trimester? | YES..... 1 NO 2→12 | YES 1 NO 2→12 | YES 1 NO 2→12 | YES 1 NO 2→12 | YES..... 1 NO 2→12 | |
| Q_A | 07 | What was the result of the 2 nd HIV test? | POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12 | POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12 | POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12 | POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12 | POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12 | |
| Q_A | 10 | What was the preventative ARV regimen that was prescribed? | A 3 DRUG REGIMEN 1 A DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED... 98 | A 3 DRUG REGIMEN 1 A DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED... 98 | A 3 DRUG REGIMEN 1 A DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED ... 98 | A 3 DRUG REGIMEN 1 A DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED .. 98 | A 3 DRUG REGIMEN 1 A DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED... 98 | |
| Q_A | 11 | Is there documentation that the client received cotrimoxazole preventive therapy (CPT)? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|--|-------|--|---|--------------------------------|---------------------------------|---------------------------------|--------------------------------|------|
| Q_A | 12 | Is there documentation of the partner's HIV status? | YES..... 1→13010 NO 2 | YES..... 1→13010 NO 2 | YES 1→13010 NO 2 | YES 1→13010 NO 2 | YES..... 1→13010 NO 2 | |
| Q_A | 13 | Is there documentation that the partner was offered an HIV test? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / CQD, CQF, DBL, DAQ, DFC, DAW, DEW, DEV, DBX, DFG, DFH, DFJ, DFI, DCE, DEK, DEL, DEJ, DCD | 13010 | <p>CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT ANC INFORMATION FOR THIS FACILITY.</p> <p>NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.</p> | ANTENATAL CARE REGISTER A INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDS B PMTCT REGISTERC OUTPATIENT DEPARTMENT (OPD) REGISTER D LABORATORY REGISTERE PHARMACY REGISTER.....F LABOUR AND DELIVERY REGISTER G ITN REGISTER H OTHER X (SPECIFY) | | | | | |
| Q_A | 13011 | TIME RECORD REVIEW WAS COMPLETED: | <div style="text-align: center;"> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center;"> HOUR MINUTES </div> | | | | | |
| Q_A | 13012 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <hr style="border: 1px solid black;"/> <div style="text-align: center;">(IF YES, SPECIFY)</div> NO..... 2 | | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|--|---------------------------|--------|
| | | 2. MALARIA | | |
| | | 2.1. UNCOMPLICATED MALARIA RECORD REVIEW | | |
| | | Now I would like to ask you questions related to malaria services. | | |
| Q_A | 13100 | Does this facility offer outpatient curative care services for malaria? | YES 1 NO 2 | →13200 |
| Q_A | 13101 | <p>ELIGIBILITY CRITERIA: CHILDREN <5 YEARS WITH A DIAGNOSIS OF MALARIA OR THAT HAVE RECEIVED OR BEEN PRESCRIBED ANTIMALARIALS: DIAGNOSIS MAY BE BASED ON A POSITIVE MALARIA TEST OR BASED ONLY ON CLINICAL SYMPTOMS AND SIGNS WITHOUT A POSITIVE MALARIA TEST. EXCLUDED: CLIENTS ADMITTED AS INPATIENTS OR REFERRED BASED ON THE OUTPATIENT MALARIA DIAGNOSIS.</p> <p>[COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the malaria record review for additional age groups (i.e., 5-14 years, adults over 15 years), please duplicate the malaria record review and implement the malaria record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A “RECORD” REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |

| Mod/Ind | No. | Question | Result | Skip | | | |
|--|-------|--|---|------------------------------|-------------------------------|---------------------------------|-------------------------------|
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | __ NUMBER OF MONTHS | | | | |
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | __ __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | →13200 | | | |
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | __ NUMBER REPLACED NONE 0 | | | | |
| Q_A | 04 | SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED MALARIA SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW. | OUTPATIENT DEPARTMENT (OPD) REGISTER A INDIVIDUAL CLIENT CHILD HEALTH CARDS/CHARTS/RECORDS..... B LABORATORY REGISTERC PHARMACY REGISTER D OTHER X (SPECIFY) | | | | |
| Q_A | 13102 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | __ __ HOUR MINUTES | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | | | | |
| | | QUESTIONS | CLIENT 1 | CLIENT 2 | CLIENT 3 | CLIENT 4 | CLIENT 5 |
| Q_A | 13103 | SYMPTOMS AND CONDITIONS ASSESSED | | | | | |
| Q_A / CQD | 01 | Are any client-reported symptoms or conditions documented? | YES..... 1 NO 2→13104 | YES.....1 NO2→13104 | YES1 NO..... 2→13104 | YES 1 NO 2→13104 | YES..... 1 NO2→13104 |
| Q_A / DEW | 02 | Is there documentation that the client had symptoms of fever? | YES..... 1 NO 2 | YES.....1 NO2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 |
| Q_A / DEV | 03 | Is there documentation that the client had symptoms of anaemia (e.g., tiredness/ listlessness)? | YES..... 1 NO 2 | YES.....1 NO2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------|
| Q_A / DBX | 04 | Is there documentation that the client/caregiver was asked if the client had symptoms of convulsions or loss of consciousness? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13104 | PHYSICAL EXAMINATION | | | | | | |
| Q_A / CQF | 01 | Are any physical examination findings / signs documented? Note: This includes findings from physically assessing the client (e.g., measuring temperature, measuring weight, physically checking for dehydration, listening to heart or lungs, diagnostic test results, etc.). These are called signs and are different from symptoms, which are self-perceived by the client. | YES..... 1 NO 2➔13105 | YES 1 NO 2➔13105 | YES 1 NO 2➔13105 | YES 1 NO 2➔13105 | YES..... 1 NO 2➔13105 | |
| Q_A / DBL | 02 | What was the temperature of the client? (CELSIUS) | ___ . __ CELSIUS NOT RECORDED 98 | ___ . __ CELSIUS NOT RECORDED 98 | ___ . __ CELSIUS NOT RECORDED 98 | ___ . __ CELSIUS NOT RECORDED 98 | ___ . __ CELSIUS NOT RECORDED 98 | |
| Q_A / DAQ | 03 | Is there documentation that indicates that the client was assessed for anemia (e.g., hemoglobin or hematocrit test or palms checked for pallor)? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 04 | Is there documentation that the client was anemic? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13105 | MALARIA SCREENING AND TREATMENT | | | | | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|---|-----|---|--|--|--|--|--|------|
| Q_A / DFI | 01 | Is there a diagnosis of malaria without documentation of a positive malaria blood test [e.g., rapid diagnostic test (RDT), or blood smear microscopy]? | YES..... 1→07 NO 2 | YES 1→07 NO 2 | YES 1→07 NO 2 | YES 1→07 NO 2 | YES..... 1→07 NO 2 | |
| Q_A | 02 | Is there documentation that a malaria blood test was prescribed/ordered (e.g., RDT or blood smear microscopy)? | YES..... 1 NO 2→07 | YES 1 NO 2→07 | YES 1 NO 2→07 | YES 1 NO 2→07 | YES..... 1 NO 2→07 | |
| Q_A | 03 | Which malaria blood test was prescribed/ordered? | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98 | |
| Q_A / DFC, DFG, DFH, DFJ | 04 | Which malaria blood test was performed? | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98 | RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98 | |
| Q_A / DFC, DAW, DCE, DEK, DEL, DEJ, DCD | 05 | What was the malaria blood test result documented in the individual client record or OPD register? | POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98 | POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98 | POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED ...98 | POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED .. 98 | POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98 | |
| Q_A / DFC, DAW, DCE, DEK, DEL, DEJ, DCD | 06 | What was the malaria blood test result documented in the laboratory register? GO TO THE LOCATION WHERE THE LAB REGISTER IS STORED TO COLLECT THIS INFORMATION. | POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98 | POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98 | POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED ...98 | POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED .. 98 | POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98 | |
| Q_A / DAW | 07 | Is there documentation that any antimalarial medicine was prescribed? [COUNTRY ADAPT – ADD LIST OF ANTIMALARIALS] | YES..... 1 NO 2→13106 | YES 1 NO 2→13106 | YES 1 NO 2→13106 | YES 1 NO 2→13106 | YES..... 1 NO 2→13106 | |

| Mod/Ind | No. | Question | Result | | | | | | Skip |
|--------------------------------|-------|--|---|--|--|---|---|--|------|
| Q_A / DAW, DEJ | 08 | Is there documentation that an artemisinin-based combination therapy (ACT) was provided? | YES..... 1 NO 2➔10 | YES 1 NO2➔10 | YES1 NO 2➔10 | YES 1 NO 2➔10 | YES..... 1 NO 2➔10 | | |
| Q_A / DAW, DCE, DEK, DEL | 09 | Does the documentation indicate that the ACT was prescribed at dosages as per national treatment guidelines? NOTE: CORRECT DOSAGE REQUIRES THE CORRECT MEDICINE AMOUNT PER DOSE, FREQUENCY OF DOSES, AND NUMBER OF TREATMENT DAYS [COUNTRY ADAPT – SPECIFY DOSAGE FOR 1 ST LINE TREATMENT BASED ON WEIGHT] | YES..... 1 NO 2 DOSE NOT DOCUMENTED..... 98 | YES 1 NO 2 DOSE NOT DOCUMENTED..... 98 | YES1 NO2 DOSE NOT DOCUMENTED98 | YES 1 NO 2 DOSE NOT DOCUMENTED 98 | YES..... 1 NO 2 DOSE NOT DOCUMENTED..... 98 | | |
| Q_A / DCD | 10 | Is there documentation that antimalarial medicines other than ACTs were prescribed or provided? | YES..... 1 NO 2➔13106 | YES 1 NO2➔13106 | YES1 NO 2➔13106 | YES 1 NO 2➔13106 | YES..... 1 NO 2➔13106 | | |
| Q_A | 11 | What other antimalarials were prescribed or provided? | _____ | _____ | _____ | _____ | _____ | | |
| Q_A | 13106 | CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT MALARIA INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED. | OUTPATIENT DEPARTMENT (OPD) REGISTER A INDIVIDUAL CLIENT CHILD HEALTH CARDS/CHARTS/RECORDS B LABORATORY REGISTERC PHARMACY REGISTER D OTHER _____X (SPECIFY) | | | | | | |
| Q_A | 13107 | TIME RECORD REVIEW WAS COMPLETED: | _____ HOUR MINUTES | | | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|--|---|------|
| Q_A | 13108 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <hr/> <div>(IF YES, SPECIFY)</div> NO 2 | |

| Mod/Ind | No. | Question | Result | Skip |
|--|-------|--|---------------------------|--------|
| | | 3. HIV | | |
| | | 3.1. PMTCT FOR HIV POSITIVE WOMEN RECORD REVIEW | | |
| | | Now I would like to ask you questions related to PMTCT for pregnant women. | | |
| Q_A / DCY, DCV, DCW, DCZ, DDE, DDB, DDD, DCT, DCP, DDN, DDS, DCQ, DCX, DCU, DDJ, DDQ, DCS, DFE, DDC, DCN | 13200 | Does this facility offer PMTCT services with antenatal care (ANC) and provide PMTCT follow-up after delivery for HIV positive women? | YES 1 NO 2 | →13300 |

| Mod/Ind | No. | Question | Result | Skip |
|---|-------|---|--|--------|
| Q_A | 13201 | <p>ELIGIBILITY CRITERIA: HIV POSITIVE WOMEN WHO RECEIVED PMTCT DURING ANC, HAD A LIVEBIRTH, AND ARE ESTIMATED TO HAVE DELIVERED AT LEAST 8 WEEKS AGO. EXCLUDE HIV POSITIVE WOMEN WHO DID NOT COMPLETE THEIR ANC BEFORE GIVING BIRTH. [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | __ NUMBER OF MONTHS | |
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | →13300 |
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS | __ NUMBER REPLACED NONE 0 | |
| NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|--|-------|---|---|------|
| Q_A | 04 | <p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY.</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED PMTCT SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p> | ANTENATAL CARE REGISTER A PMTCT REGISTER B HIV TESTING REGISTERC ART REGISTER D PMTCT LABOR AND DELIVERY REGISTERE HIV EXPOSED INFANT REGISTERF MOTHER-BABY REGISTER G BABY (DRIED BLOOD SPOT) REGISTER H INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDSI LABORATORY REGISTER J PHARMACY REGISTERK OTHER _____ X (SPECIFY) | |
| Q_A | 13202 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> ____ HOUR </div> <div style="text-align: center; margin-right: 10px;"> ____ MINUTES </div> </div> | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | |
| | | QUESTIONS | <div style="display: flex; justify-content: space-around;"> <div>CLIENT 1</div> <div>CLIENT 2</div> <div>CLIENT 3</div> <div>CLIENT 4</div> <div>CLIENT 5</div> </div> | |
| Q_A | 13203 | AVAILABILITY OF INDIVIDUAL CLIENT RECORD AND CONFIMATORY HIV TEST DOCUMENTATION | | |
| Q_A | 01 | Is there an individual client record available for the infant that is separate from the mother's record? | <div style="display: flex; justify-content: space-around;"> <div> YES..... 1 NO 2 </div> <div> YES..... 1 NO 2 </div> <div> YES1 NO.....2 </div> <div> YES 1 NO 2 </div> <div> YES..... 1 NO 2 </div> </div> | |
| Q_A | 02 | Are mother and newborn identifiers the same or otherwise linked? | <div style="display: flex; justify-content: space-around;"> <div> YES..... 1 NO 2 </div> <div> YES1 NO2 </div> <div> YES 1 NO 2 </div> <div> YES 1 NO 2 </div> <div> YES..... 1 NO 2 </div> </div> | |
| Q_A / DCV | 03 | Is a confirmatory HIV test for the mother documented prior to starting life-long ART? | <div style="display: flex; justify-content: space-around;"> <div> YES..... 1 NO 2 </div> <div> YES1 NO2 </div> <div> YES 1 NO 2 </div> <div> YES 1 NO 2 </div> <div> YES..... 1 NO 2 </div> </div> | |
| Q_A | 13204 | PMTCT DURING PREGNANCY | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-------------------|-------|--|--|--|---|---|--|------|
| Q_A / DCW, DCT | 01 | Is there documentation that the woman was on life-long ART prior to attending ANC? | YES..... 1→07 NO 2 | YES1→07 NO 2 | YES 1→07 NO2 | YES 1→07 NO 2 | YES.....1→07 NO 2 | |
| Q_A / DCW, DCP | 02 | Is there documentation that the woman began life-long ART during ANC? | YES..... 1→07 NO 2 | YES1→07 NO 2 | YES 1→07 NO2 | YES 1→07 NO 2 | YES.....1→07 NO 2 | |
| Q_A / DCQ | 05 | Is there documentation that the woman was referred elsewhere for life-long ART or started on life-long ART after delivery? | YES..... 1 NO 2 | YES1 NO 2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 06 | Is it documented that the woman is currently on ART? IF YES, INDICATE THE DOCUMENTED REGIMEN | YES, LIFE-LONG REGIMEN1 NOT DOCUMENTED... 98 | YES, LIFE-LONG REGIMEN1 NOT DOCUMENTED... 98 | YES, LIFE-LONG REGIMEN1 NOT DOCUMENTED ...98 | YES, LIFE-LONG REGIMEN1 NOT DOCUMENTED .. 98 | YES, LIFE-LONG REGIMEN1 NOT DOCUMENTED... 98 | |
| Q_A | 07 | Is there documentation that the woman received cotrimoxazole preventive therapy (CPT)? | YES..... 1 NO 2 | YES1 NO 2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DCY | 08 | Is there documentation of the partner's HIV status? | YES..... 1→13205 NO 2 | YES1→13205 NO 2 | YES 1→13205 NO2 | YES 1→13205 NO 2 | YES.....1→13205 NO 2 | |
| Q_A / DCY | 09 | Is there documentation that the partner was offered an HIV test? | YES..... 1 NO 2 | YES1 NO 2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13205 | PMTCT DURING DELIVERY | | | | | | |
| Q_A | 01 | Did the woman deliver in this facility? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO 2 NOT DOCUMENTED... 98 | YES1 NO2 NOT DOCUMENTED ...98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / DCX | 02 | Is there documentation that the woman either received ARV during delivery or was on life-long ART at the time of delivery? | YES..... 1 NO 2 | YES1 NO 2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|---------------------|-------|--|---|---|--|---|---|------|
| Q_A / DCZ | 03 | Is there documentation that the newborn received the ARV prophylaxis dose within 3 days after birth? | YES.....1→13206 NO 2 | YES1→13206 NO 2 | YES 1→13206 NO2 | YES 1→13206 NO 2 | YES.....1→13206 NO 2 | |
| Q_A | 04 | Is there documentation that the newborn received an ARV prophylaxis dose at any time after birth? | YES..... 1 NO 2 | YES 1 NO2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13206 | POSTPARTUM PMTCT | | | | | | |
| Q_A / DDE | 01 | Is there documentation that the infant's HIV test (NAT or PCR) was performed within 8 weeks from birth? | YES.....1→03 NO 2 | YES1→03 NO 2 | YES 1→03 NO2 | YES 1→03 NO 2 | YES.....1→03 NO 2 | |
| Q_A | 02 | Is there documentation that the infant's blood specimen was taken for HIV testing at any time? | YES..... 1 NO2→07 | YES 1 NO2→07 | YES1 NO 2→07 | YES 1 NO 2→07 | YES..... 1 NO 2→07 | |
| Q_A / DDB | 03 | Is there documentation that the caregiver received the infant's HIV test results? | YES..... 1 NO 2 | YES 1 NO 2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DDE, DDC, DCN | 04 | What was the infant's HIV test result? | POSITIVE 1 NEGATIVE2→07 NOT DOCUMENTED98→07 | POSITIVE 1 NEGATIVE2→07 NOT DOCUMENTED98→07 | POSITIVE1 NEGATIVE2→07 NOT DOCUMENTED98→07 | POSITIVE 1 NEGATIVE2→07 NOT DOCUMENTED98→07 | POSITIVE 1 NEGATIVE2→07 NOT DOCUMENTED98→07 | |
| Q_A / DDC | 05 | Is there documentation that the infant was started on ART? | YES..... 1 NO2→07 | YES 1 NO2→07 | YES1 NO 2→07 | YES 1 NO 2→07 | YES..... 1 NO 2→07 | |
| Q_A / DCN | 06 | Is there documentation that the infant started a Protease inhibitor (Lopinavir) based regimen? | YES..... 1 NO 2 | YES 1 NO2 | YES1 NO2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DDD | 07 | Is there documentation that the infant began cotrimoxazole preventive therapy (CPT) within 8 weeks of birth? | YES.....1→09 NO 2 | YES1→09 NO 2 | YES 1→09 NO2 | YES 1→09 NO 2 | YES.....1→09 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-----|--|---|---|--|---|---|------|
| Q_A | 08 | Is there documentation that the infant began cotrimoxazole preventive therapy (CPT) at any time after birth? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DCS | 09 | Is there documentation of the infant feeding practice for the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DFE | 10 | Is there documentation on infant and young child feeding (IYCF) counseling at the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 11 | How many weeks old was the infant at the most recent visit? | ___ WEEKS → 14 NOT RECORDED..... 98 | ___ WEEKS → 14 NOT RECORDED..... 98 | ___ WEEKS → 14 NOT RECORDED 98 | ___ WEEKS → 14 NOT RECORDED 98 | ___ WEEKS → 14 NOT RECORDED..... 98 | |
| Q_A | 12 | What was the recorded date of birth for the infant? | DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98 → 14 | DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98 → 14 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 → 14 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 → 14 | DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98 → 14 | |
| Q_A | 13 | What was the recorded date at the most recent visit? | DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED 98 | DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98 | |
| Q_A / DCU | 14 | Is there documentation of the woman's viral load? | YES..... 1 NO 2 → 13207 | YES..... 1 NO 2 → 13207 | YES 1 NO 2 → 13207 | YES 1 NO 2 → 13207 | YES..... 1 NO 2 → 13207 | |
| Q_A / DDJ | 15 | Was the woman's most recent viral load < 1000? | YES..... 1 → 13207 NO 2 | YES..... 1 → 13207 NO 2 | YES 1 → 13207 NO 2 | YES 1 → 13207 NO 2 | YES..... 1 → 13207 NO 2 | |
| Q_A / DDQ | 16 | Is there documentation of action taken about the elevated viral load? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|---|---|------|
| Q_A | 13207 | <p>CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT PMTCT INFORMATION FOR THIS FACILITY.</p> <p>NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.</p> | ANTENATAL CARE REGISTER A PMTCT REGISTER B HIV TESTING REGISTERC ART REGISTER D PMTCT LABOR AND DELIVERY REGISTERE HIV EXPOSED INFANT REGISTERF MOTHER-BABY REGISTER G BABY (DRIED BLOOD SPOT) REGISTER H INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDSI LABORATORY REGISTER J PHARMACY REGISTERK OTHERX <div style="text-align: center;">(SPECIFY)</div> | |
| Q_A | 13208 | TIME RECORD REVIEW WAS COMPLETED: | <div style="text-align: center;"> ____ HOUR MINUTES </div> | |
| Q_A | 13209 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <hr/> (IF YES, SPECIFY) NO 2 | |

| Mod/Ind | No. | Question | Result | Skip |
|---|-------|--|-------------------------|--------|
| | | 3.2. HIV TESTING SERVICES (HTS) RECORD REVIEW | | |
| | | Now I would like to ask you questions related to HIV testing services. | | |
| Q_A / BBK, DBV, DBW, DBY, DCI, DCJ, DCK | 13300 | Does this facility offer client initiated HIV testing services? | YES..... 1 NO..... 2 | →13400 |
| Q_A | 13301 | SAMPLE SELECTION: | | |
| Q_A | | <p>ELIGIBILITY CRITERIA: CLIENT INITIATED HIV TEST PERFORMED AND TEST RESULT DOCUMENTED [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | __ NUMBER OF MONTHS | |

| Mod/Ind | No. | Question | Result | Skip | | | |
|-----------|-------|--|--|--------------------------|------------------------|---------------------------|--------------------------|
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | ___ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | ➔13400 | | | |
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | ___ NUMBER REPLACED NONE 0 | | | | |
| Q_A | 04 | SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED HIV TESTING SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW. | HIV TESTING REGISTER A ART REGISTER B INDIVIDUAL CLIENT CARDS/CHARTS/RECORDS C LABORATORY REGISTER D PHARMACY REGISTER E OTHER X (SPECIFY) | | | | |
| Q_A | 13302 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | ___ HOUR MINUTES | | | | |
| Q_A | 13303 | PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | | |
| | | QUESTIONS | CLIENT 1 | CLIENT 2 | CLIENT 3 | CLIENT 4 | CLIENT 5 |
| Q_A / DBW | 01 | Is there documentation that the client received post-test counseling? NOTE: EVIDENCE OF POST-TEST COUNSELING INCLUDES DOCUMENTATION OF REFERRAL FOR ART OR CARE AND SUPPORT SERVICES | YES..... 1 NO 2 | YES..... 1 NO 2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 |
| Q_A / DBV | 02 | Is there documentation that the client received the HIV test results? | YES..... 1 NO 2 | YES1 NO2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 |
| Q_A / DBY | 03 | Is there documentation that the client received condoms? | YES..... 1 NO 2 | YES1 NO2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|---------------------|-------|--|---|--|--|--|--|------|
| Q_A / BBK, DCI | 04 | What was the recorded HIV test result? | POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98 | POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98 | POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98 | POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98 | POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98 | |
| Q_A / DCI, DCJ, DCK | 05 | Is there documentation that the client was referred to/ admitted to ART or care and support services? | YES 1 NO 2 → 13304 | YES 1 NO 2 → 13304 | YES 1 NO 2 → 13304 | YES 1 NO 2 → 13304 | YES 1 NO 2 → 13304 | |
| Q_A / DCI, DCK | 06 | Is there documentation that the client was enrolled in ART or care and support services? | YES 1 → 13304 NO 2 | YES 1 → 13304 NO 2 | YES 1 → 13304 NO 2 | YES 1 → 13304 NO 2 | YES 1 → 13304 NO 2 | |
| Q_A / DCI, DCK | 07 | Is there documentation that the client refused enrollment into ART or HIV care and support? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A | 13304 | CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT HTS INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED. | HIV TESTING REGISTER A ART REGISTER B INDIVIDUAL CLIENT CARDS/CHARTS/RECORDS C LABORATORY REGISTER D PHARMACY REGISTER E OTHER X (SPECIFY) | | | | | |
| Q_A | 13305 | TIME RECORD REVIEW WAS COMPLETED: | <div style="text-align: center;"> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-top: 5px;"> HOUR MINUTES </div> | | | | | |
| Q_A | 13306 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> (IF YES, SPECIFY) NO 2 | | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|--|-------|--|---------------------------|--------|
| | | 3.3. ANTIRETROVIRAL THERAPY (ART) RECORD REVIEW | | |
| | | Now I would like to ask you questions related to antiretroviral therapy. | | |
| Q_A / DBE, DBF, DBI, DBR, DBG, DAU, DAV, DBK, DBM, DCG, DCH, DEZ, DBP, DBS, DBT, DBJ, DCL, DET, DHZ, DBU, DBD, DHY, DDT | 13400 | Does this facility offer ART life-long treatment services? | YES 1 NO 2 | →13500 |

| Mod/Ind | No. | Question | Result | Skip |
|---|-------|---|--|--------|
| Q_A | 13401 | <p>ELIGIBILITY CRITERIA: CURRENT ART CLIENT (=>15 YEARS OF AGE) ON NATIONAL FIRST LINE ART REGIMEN THAT HAS COMPLETED AT LEAST 6 MONTHS OF ART [COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the ART record review for additional age groups (i.e., under 5 years, 5-14 years), please duplicate the ART record review and implement the ART record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE CURRENT MONTH IN THE PRECEEDING YEAR WHERE CLIENTS CAN BE IDENTIFIED. COUNTING FORWARDS FROM THE BEGINNING OF THE CURRENT MONTH IN THE PRECEEDING YEAR, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED. [COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | __ NUMBER OF MONTHS | |
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | →13500 |
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS | __ NUMBER REPLACED NONE 0 | |
| NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | | | | |

| Mod/Ind | No. | Question | Result | Skip | | | |
|--|-------|---|--|--|--|--|--|
| Q_A | 04 | <p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY.</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED ART SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p> | <p>HIV TESTING REGISTER A</p> <p>ART REGISTER B</p> <p>ART ENROLLMENT REGISTERC</p> <p>ART INITIATION REGISTER D</p> <p>ART TREATMENT REGISTERE</p> <p>INDIVIDUAL ART CLIENT CARDS/CHARTS/RECORDS.....F</p> <p>OTHERX</p> <p>(SPECIFY)</p> | | | | |
| Q_A | 13402 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | <p>____</p> <p>HOUR MINUTES</p> | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | | | | |
| | | QUESTIONS | CLIENT 1 | CLIENT 2 | CLIENT 3 | CLIENT 4 | CLIENT 5 |
| Q_A | 13403 | How many full months has the client been enrolled in ART as of today? | <p>____ MONTHS</p> <p>NOT DOCUMENTED... 98</p> | <p>____ MONTHS</p> <p>NOT DOCUMENTED... 98</p> | <p>____ MONTHS</p> <p>NOT DOCUMENTED ...98</p> | <p>____ MONTHS</p> <p>NOT DOCUMENTED .. 98</p> | <p>____ MONTHS</p> <p>NOT DOCUMENTED... 98</p> |
| Q_A | 13404 | HIV CONFIRMATORY TEST AND INITIATION OF CD4 TESTING | | | | | |
| Q_A / DBE | 01 | Is there documentation that a confirmatory HIV test was conducted prior to the client starting on ART? | <p>YES..... 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> | <p>YES1</p> <p>NO.....2</p> | <p>YES 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> |
| Q_A / DBF | 02 | Was the client CD4 level documented prior to initiating ART? | <p>YES..... 1➔13405_02</p> <p>NO 2</p> | <p>YES.....1➔13405_02</p> <p>NO 2</p> | <p>YES 1➔13405_02</p> <p>NO.....2</p> | <p>YES 1➔13405_02</p> <p>NO 2</p> | <p>YES.....1➔13405_02</p> <p>NO 2</p> |
| Q_A / DCG | 03 | Is there a CD4 level documented within the 1 st month of ART? | <p>YES..... 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> | <p>YES1</p> <p>NO.....2</p> | <p>YES 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> |
| Q_A | 13405 | VIRAL LOAD | | | | | |
| Q_A | 01 | Is there documentation of the client's viral load? | <p>YES..... 1</p> <p>NO 2➔13406</p> | <p>YES..... 1</p> <p>NO2➔13406</p> | <p>YES1</p> <p>NO..... 2➔13406</p> | <p>YES 1</p> <p>NO 2➔13406</p> | <p>YES..... 1</p> <p>NO2➔13406</p> |
| Q_A / DBG | 02 | Is the client's viral load documented at 6 months on ART? | <p>YES..... 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> | <p>YES1</p> <p>NO.....2</p> | <p>YES 1</p> <p>NO 2</p> | <p>YES..... 1</p> <p>NO 2</p> |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-------|---|--|--|--|--|--|------|
| Q_A / DCH | 03 | Is the client's viral load documented at 12 months on ART? | YES 1 NO 2 NOT ELIGIBLE..... 5 | YES 1 NO 2 NOT ELIGIBLE..... 5 | YES 1 NO 2 NOT ELIGIBLE 5 | YES 1 NO 2 NOT ELIGIBLE 5 | YES 1 NO 2 NOT ELIGIBLE..... 5 | |
| Q_A / DEZ | 04 | Was viral load detectable at the most recent recorded viral load test? | YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406 | YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406 | YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406 | YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406 | YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406 | |
| Q_A / DBP | 05 | Was the client's viral load documented at 1000 or higher? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED ... 98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A | 13406 | ADHERENCE | | | | | | |
| Q_A / DAU | 01 | Is adherence status documented for the most recent visit? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DAV | 02 | Is there documentation of the client being tested for ARV drug resistance? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13407 | ART REGIMEN AND COTRIMOXAZOLE PREVENTIVE THERAPY | | | | | | |
| Q_A / DBI | 01 | Is the documented client ART regimen in accordance with national guidelines? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED ... 98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / DBR | 02 | Is the client eligible for cotrimoxazole preventive therapy (CPT) according to national standards? [COUNTRY ADAPT] | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED ... 98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / DBR | 03 | Is there documentation that the client is currently on cotrimoxazole preventive therapy (CPT)? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13408 | CLIENT'S MOST RECENT CLINICAL VISIT (E.G., "LONG" VISIT—NOT SIMPLY TO PICK UP DRUGS) | | | | | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|---------------------|-----|--|--|--|--|--|--|------|
| Q_A / DBK, DBS | 01 | Is there documentation that the client was assessed for cough at the most recent visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DBK, DBT | 02 | Is there a measured temperature or a comment on history of fever status documented at the most recent visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DBK, DBJ | 03 | Is there a measured weight or a comment on status of weight loss documented for the client at the most recent visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DHY, DDT | 04 | Is there a growth chart for children under five years of age? | YES..... 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07 | YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07 | YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07 | YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07 | YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07 | |
| Q_A / DHY | 05 | Is the growth chart sex-specific? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DDT | 06 | Is the growth chart completed for the most recent documented weight? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DBK, DCL | 07 | Is there documentation that history of exposure to a person with TB was assessed at the most recent visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | |
| Q_A / DBM, DET, DHZ | 08 | What was the client's TB status at the most recent time this was documented? | ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98 | ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98 | ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98 | ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98 | ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98 | |
| Q_A / DET, DHZ | 09 | Is there documentation that the client is currently enrolled in TB treatment? | YES..... 1→13409 NO 2 | YES 1→13409 NO 2 | YES 1→13409 NO 2 | YES 1→13409 NO 2 | YES 1→13409 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip | | | | | |
|-----------|-------|--|---|---|---|---|--|------|--|--|--|--|--|
| Q_A / DBU | 10 | Is there documentation that the client was diagnosed with TB and completed TB treatment while on ART? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | | | | | | |
| Q_A / DBD | 11 | Is the client eligible for isoniazid (INH) preventive treatment according to national guidelines? [COUNTRY ADAPT] | YES..... 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98 | YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98 | YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98 | YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98 | YES..... 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98 | | | | | | |
| Q_A / DBD | 12 | Is there documentation that the client is receiving INH preventive treatment? | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | | | | | | |
| Q_A | 13409 | CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT ART INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED. | HIV TESTING REGISTER A ART REGISTER B ART ENROLLMENT REGISTER C ART INITIATION REGISTER D ART TREATMENT REGISTER E INDIVIDUAL ART CLIENT CARDS/CHARTS/RECORDS..... F OTHER X (SPECIFY) | | | | | | | | | | |
| Q_A | 13410 | TIME RECORD REVIEW WAS COMPLETED: | <div style="text-align: center;"> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-top: 5px;"> HOUR MINUTES </div> | | | | | | | | | | |
| Q_A | 13411 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <hr style="border: 1px solid black; margin: 5px 0;"/> (IF YES, SPECIFY) NO 2 | | | | | | | | | | |
| | | 4. TUBERCULOSIS | | | | | | | | | | | |
| | | 4.1. TUBERCULOSIS RECORD REVIEW | | | | | | | | | | | |
| | | Now I would like to ask you questions related to tuberculosis. | | | | | | | | | | | |

| Mod/Ind | No. | Question | Result | | Skip |
|---|-------|---|---------------------------|----|------|
| Q_A / DFO, DFP, DFQ, DFR, DFS, DFT, DFU, DFV, DFW, DFX, DFZ, AVN, DGE, DGF, DGG, DGH, DFY, AVP, DGC, DGI, DGJ, DGK | 13500 | Does this facility offer any tuberculosis client care services? | YES 1 NO 2 | | →END |
| Q_A | 13501 | Which of the following TB services are offered in this facility? | Yes | No | |
| Q_A | 01 | Case detection | 1 | 2 | |
| Q_A | 02 | Diagnosis | 1 | 2 | |
| Q_A | 03 | Prescribing treatment | 1 | 2 | |
| Q_A | 04 | Client clinical follow-up | 1 | 2 | |
| Q_A | 05 | Client follow-up for adherence | 1 | 2 | |
| Q_A | 06 | Client follow-up for periodic resupply of individual client medicines | 1 | 2 | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|--|---|------|
| Q_A | 13502 | <p>ELIGIBILITY CRITERIA:</p> <p>PULMONARY TB ADULT CLIENT (≥ 15 YEARS OF AGE) ON NATIONAL FIRST LINE TREATMENT FOR AT LEAST 6 MONTHS PRIOR TO THE DATE OF THIS RECORD REVIEW. THIS MAY INCLUDE CLIENTS WHO HAVE COMPLETED THEIR FULL COURSE OF TREATMENT. EXCLUDE CLIENTS WHO DROPPED OUT PRIOR TO COMPLETING 6 MONTHS OF TREATMENT OR WHO WERE REFERRED ELSEWHERE FOR TREATMENT (E.G., DRUG RESISTANT CASES).</p> <p>[COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the TB record review for additional age groups (i.e., under 5 years, 5-14 years), please duplicate the TB record review and implement the TB record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION:</p> <p>THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS:</p> <p>THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE CURRENT MONTH IN THE PRECEDING YEAR WHERE CLIENTS CAN BE IDENTIFIED. COUNTING FORWARDS FROM THE BEGINNING OF THE CURRENT MONTH IN THE PRECEDING YEAR, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS:</p> <p>USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p> | | |
| Q_A | 01 | NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED | ___ NUMBER OF MONTHS | |
| Q_A | 02 | NUMBER OF ELIGIBLE CLIENTS IDENTIFIED | ___ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00 | →END |

| Mod/Ind | No. | Question | Result | Skip | | | |
|--|-------|---|--|---|--|---|---|
| Q_A | 03 | NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW | __ NUMBER REPLACED NONE 0 | | | | |
| Q_A | 04 | SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED TUBERCULOSIS SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW. | TB CASE REGISTER A INDIVIDUAL TB CLIENT CARDS/CHARTS/RECORDS B LABORATORY REGISTER C OTHER X (SPECIFY) | | | | |
| Q_A | 13503 | TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK) | __ __ HOUR MINUTES | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS) | | | | | | | |
| | | QUESTIONS | CLIENT 1 | CLIENT 2 | CLIENT 3 | CLIENT 4 | CLIENT 5 |
| Q_A | 13504 | Number of <u>completed</u> months on TB treatment | __ __ MONTHS NOT DOCUMENTED... 98 | __ __ MONTHS NOT DOCUMENTED... 98 | __ __ MONTHS NOT DOCUMENTED ... 98 | __ __ MONTHS NOT DOCUMENTED .. 98 | __ __ MONTHS NOT DOCUMENTED... 98 |
| Q_A | 13505 | DIAGNOSIS | | | | | |
| Q_A / DFO, DGE | 01 | Was the client diagnosis based on 2 positive sputum specimens? | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED .. 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 |
| Q_A / DFO, DGF | 02 | Was the client diagnosis based on 1 positive sputum specimen? | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED .. 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 |
| Q_A / DFO, DGG | 03 | Was the client diagnosis based on Xpert MTB/RIF rapid diagnostic test? | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 | YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98 | YES.....1→13506 NO 2 NOT DOCUMENTED .. 98 | YES.....1→13506 NO 2 NOT DOCUMENTED... 98 |
| Q_A / DGH | 04 | Was the client diagnosis based on clinical assessment only? [COUNTRY ADAPT] | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES.....1 NO.....2 NOT DOCUMENTED ... 98 | YES..... 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-------|--|--|--|--|---|---|------|
| Q_A | 13506 | TREATMENT | | | | | | |
| Q_A / DFQ | 01 | Number of days between diagnosis and start of treatment (The day of diagnosis is “day 0”) | ___ DAYS SAME DAY 0 NOT DOCUMENTED... 98 | ___ DAYS SAME DAY 0 NOT DOCUMENTED... 98 | ___ DAYS SAME DAY0 NOT DOCUMENTED ...98 | ___ DAYS SAME DAY 0 NOT DOCUMENTED .. 98 | ___ DAYS SAME DAY 0 NOT DOCUMENTED... 98 | |
| Q_A / DFP | 02 | Was the national 1st line TB treatment regimen prescribed? [COUNTRY ADAPT 1 ST LINE REGIMEN] | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO2 NOT DOCUMENTED ...98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / DFR | 03 | Was the most recent drug collection on time? (i.e., did the client pick-up the drugs on the appointed day?) | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO2 NOT DOCUMENTED ...98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / AVN | 04 | Was the client successfully treated (either documented as cured or completed treatment at the end of the treatment period)? | YES, CLIENT WAS CURED OR COMPLETED TREATMENT1 NO, CLIENT FAILED TREATMENT2 CLIENT STILL ON TREATMENT3 NOT DOCUMENTED.....98 | YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED... 98 | YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED ...98 | YES, CLIENT WAS CURED OR COMPLETED TREATMENT1 NO, CLIENT FAILED TREATMENT2 CLIENT STILL ON TREATMENT3 NOT DOCUMENTED .. 98 | YES, CLIENT WAS CURED OR COMPLETED TREATMENT1 NO, CLIENT FAILED TREATMENT2 CLIENT STILL ON TREATMENT3 NOT DOCUMENTED... 98 | |
| Q_A / DFS | 05 | Was a TB drug susceptibility test for rifampicin prescribed or conducted? [COUNTRY ADAPT TEST ACCEPTED FOR DRUG RESISTANCE] | YES..... 1 NO 2➔13507 NOT DOCUMENTED98➔13507 | YES 1 NO2➔13507 NOT DOCUMENTED98➔13507 | YES1 NO 2➔13507 NOT DOCUMENTED 98➔13507 | YES 1 NO 2➔13507 NOT DOCUMENTED 98➔13507 | YES 1 NO 2➔13507 NOT DOCUMENTED98➔13507 | |
| Q_A / DFS | 06 | Was the drug susceptibility test negative, that is, no drug resistance? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO2 NOT DOCUMENTED ..98 | YES 1 NO 2 NOT DOCUMENTED . 98 | YES 1 NO 2 NOT DOCUMENTED ..98 | |
| Q_A | 13507 | HIV TEST RESULTS AND SUBSEQUENT TREATMENT | | | | | | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|----------------|-------|--|--|--|---|---|--|------|
| Q_A / DFZ, DGI | 01 | Was an HIV test result documented for the client? | YES..... 1 NO 2➔13508 | YES..... 1 NO 2➔13508 | YES 1 NO 2➔13508 | YES 1 NO 2➔13508 | YES..... 1 NO 2➔13508 | |
| Q_A / DGI, DGJ | 02 | Was the client HIV positive? | YES..... 1 NO 2➔13508 NOT DOCUMENTED 98➔13508 | YES..... 1 NO 2➔13508 NOT DOCUMENTED 98➔13508 | YES 1 NO 2➔13508 NOT DOCUMENTED 98➔13508 | YES 1 NO 2➔13508 NOT DOCUMENTED 98➔13508 | YES..... 1 NO 2➔13508 NOT DOCUMENTED 98➔13508 | |
| Q_A / DGJ | 03 | Was the client started on ART? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED ..98 | YES 1 NO 2 NOT DOCUMENTED . 98 | YES..... 1 NO 2 NOT DOCUMENTED .. 98 | |
| Q_A | 13508 | TB TEST RESULTS AND TREATMENT | | | | | | |
| Q_A / DFT | 01 | Was a sputum microscopy result documented at the 2nd month of treatment? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DFU | 02 | Was a sputum microscopy result documented at the 5th month of treatment? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DFV | 03 | Was a sputum microscopy result documented during the final month of treatment? | YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5 | YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5 | YES 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5 | YES 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5 | YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5 | |
| Q_A | 13509 | GROWTH AND DEVELOPMENT | | | | | | |
| Q_A / DFW | 01 | Was a measured or clinically assessed weight change documented for every clinical visit? | YES..... 1 NO 2➔13510 | YES..... 1 NO 2➔13510 | YES 1 NO 2➔13510 | YES 1 NO 2➔13510 | YES..... 1 NO 2➔13510 | |
| Q_A / DGK | 02 | Is there a growth chart for children below 5? | YES..... 1 NO 2➔13510 CLIENT NOT <5 YEARS 5➔13510 | YES..... 1 NO 2➔13510 CLIENT NOT <5 YEARS 5➔13510 | YES 1 NO 2➔13510 CLIENT NOT <5 YEARS 5➔13510 | YES 1 NO 2➔13510 CLIENT NOT <5 YEARS 5➔13510 | YES..... 1 NO 2➔13510 CLIENT NOT <5 YEARS 5➔13510 | |
| Q_A | 03 | Is the growth chart sex-specific? | YES..... 1 NO 2 | YES..... 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | YES..... 1 NO 2 | |

| Mod/Ind | No. | Question | Result | | | | | Skip |
|-----------|-------|---|---|---|--|---|--|------|
| Q_A / DGK | 04 | Is the growth chart completed for the most recent weight? | YES..... 1 NO 2 | YES 1 NO 2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A | 13510 | TB SYMPTOMS AND SCREENING OF CONTACT PERSONS | | | | | | |
| Q_A / DFX | 01 | Is a clinical assessment of changes in symptoms documented every clinical visit? | YES..... 1 NO 2 | YES 1 NO 2 | YES1 NO.....2 | YES 1 NO 2 | YES..... 1 NO 2 | |
| Q_A / DFY | 02 | Was a list of household contacts for the client documented? | YES..... 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511 | YES 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511 | YES1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511 | YES 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511 | YES..... 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511 | |
| Q_A / AVP | 03 | Were all household members of the client screened for TB? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO.....2 NOT DOCUMENTED ...98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A / DGC | 04 | Are there any children under five years of age documented on the contact list? | YES..... 1 NO 2→13511 | YES 1 NO 2→13511 | YES1 NO 2→13511 | YES 1 NO 2→13511 | YES..... 1 NO 2→13511 | |
| Q_A / DGC | 05 | Were all children under five years of age on the contact list screened for TB? | YES..... 1 NO 2 NOT DOCUMENTED... 98 | YES 1 NO 2 NOT DOCUMENTED... 98 | YES1 NO.....2 NOT DOCUMENTED ...98 | YES 1 NO 2 NOT DOCUMENTED .. 98 | YES..... 1 NO 2 NOT DOCUMENTED... 98 | |
| Q_A | 13511 | CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT TB INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED. | TB CASE REGISTER A INDIVIDUAL TB CLIENT CARDS/CHARTS/RECORDS..... B LABORATORY REGISTERC CONTACT TRACING/PREVENTIVE THERAPY REGISTER..... D OTHERX (SPECIFY) | | | | | |
| Q_A | 13512 | TIME RECORD REVIEW WAS COMPLETED: | <div style="text-align: right;"> ____ HOUR MINUTES </div> | | | | | |

| Mod/Ind | No. | Question | Result | Skip |
|---------|-------|--|--|------|
| Q_A | 13513 | ANY ISSUES OR EXPLANATIONS TO DOCUMENT | YES 1 <hr/> <div>(IF YES, SPECIFY)</div> NO..... 2 | |

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

SUPERVISOR'S NOTES

Annex: Client sampling list

- Identify the point in the register/database where eligible clients can be identified. This will depend on the selection criteria for the specific illness. You should identify twice the number of eligible clients as you will need for the agreed upon sample. This allows for replacement of clients if information is not available for any of the selected sample clients. For most services, where a summary register is used to identify the sample, the sample clients will be identified sequentially starting with the month of data agreed upon. Where a cohort register is used to identify the sample, clients will be organized by the date of first service and not date of most recent service. This will require identifying eligible clients by the date of first service and examining the register to see if their most recent visit is within the timeframe under review. Service specific selection methods are identified under the detailed instructions for each service. Identify eligible clients required for the sample (usually this will be 10 clients for a required sample of 5 clients).
- Complete the Client Sampling List. Reassure staff that no client names will leave the facility and that the list will be torn up once the record review is complete.
 - Col a: the sampling number will be sequential numbers (usually 1-10).
 - Col b: Mark the clients selected for the sample in this column, with an 'S'. If a client is replaced, record this in col g, and then select the next eligible client on the list, marking col b with a 'R'.
 - Col c: Record the reason a selected client was replaced in the sample or other information that may affect interpreting results.
 - Col d-g: Record the client identifying information. The unique client identifier, client name, and date of service provision for the sample selections allow tracking of the same client across different records. This should be destroyed at the end of the exercise.
 - Write the eligible client's identification number (col d), the date of service or date of registration in service register (col e), and the first and last name (col f and g).
- Do not go back further than 6 months from the starting date for eligibility. If there are not enough clients within six months where eligibility is possible, write a note and review the records that were identified.

Antenatal care

| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
|-----------------|--|-------------------------------|-----------|--------------------------------------|------------|-----------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 1 | | | | | | |
| 2 | | | | | | |
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| 9 | | | | | | |
| 10 | | | | | | |

| Malaria | | | | | | |
|-----------------|--|-------------------------------|-----------|--------------------------------------|------------|-----------|
| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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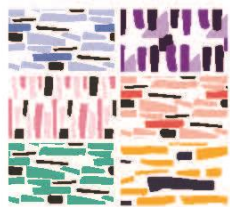
PMTCT for HIV positive women

| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
|------------------------|---|--------------------------------------|------------------|---|-------------------|------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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| HIV testing services (HTS) | | | | | | |
|----------------------------|--|-------------------------------|-----------|--------------------------------------|------------|-----------|
| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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| Antiretroviral therapy (ART) | | | | | | |
|------------------------------|--|-------------------------------|-----------|--------------------------------------|------------|-----------|
| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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| Tuberculosis | | | | | | |
|-----------------|--|-------------------------------|-----------|--------------------------------------|------------|-----------|
| Sampling number | SAMPLE: S=Selected for sample R=Replacement sample | Reason for sample replacement | Client ID | Date of consultation or registration | First Name | Last Name |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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