



Annex 2

Forms for Chapter 2: Planning integrated services at the health centre

- 2 Planning for integrated HIV services at the health centre**
- 2.1 Increasing Knowledge of Sero-status**
- 2.2 Accelerating HIV Prevention**
- 2.3 Treatment and care**

2 Planning for integrated HIV services at the health centre

The generic tables below contains a list of essential and desirable interventions that have been arranged to be compatible with the current WHO priority list of interventions for HIV prevention, care, treatment, and support. The columns to the right are added to help sites to assess which services are currently being provided, and what new or expanded services are required.

The fifth column lists the relevant IMAI/IMCI guidelines and training course(s) (with letter codes as follows) and/or relevant Operations Manual chapters.

In countries not using IMAI/IMCI, replace with national primary care guidelines for acute and chronic HIV care and relevant standardized national curricula. If additional or alternative curricula are used, insert in this list.

- A** WHO IMAI/IMCI Chronic HIV Care with ART and Prevention Revision 1 with clinical and counseling training courses
- B** WHO IMAI Acute Care Revision 2 (3) with modular clinical training courses on management opportunistic infections, STI, mental health/neurological problems, PITC
- C** WHO IMAI Palliative Care: Symptom Management and End of Life Care with clinical training course plus caregiver booklet, patient self-management booklet, clinical training course
- D** WHO IMCI Chart Booklet for High HIV Settings and HIV complementary course or fully adapted IMCI course incorporating HIV
- E** WHO IMAI/STB TB Care with TB-HIV Co-management guideline module with short training course
- F** WHO IMPAC PCPNC guide or PMTCT section in IMAI/IMCI Chronic HIV Care with IMAI/IMPAC Integrated PMTCT training course
- G** WHO IMAI Reproductive Choice and Family Planning for PLHIV
- H** WHO Integrated HIV infant and young child feeding counseling
- I** WHO Adolescent Job Aid (draft) and short course on special chronic HIV care for adolescents
- J** WHO IMAI/IMCI Psychosocial Support for Children Affected and Infected by HIV

Annex 2.1: Increasing Knowledge of Sero-status				
Relevant IMAI/IMCI guidelines and training course(s) and/or relevant Operations Manual chapters				
What else needs to be done to deliver?				
Who needs to be trained to deliver this intervention?				
Are these interventions available in your health centre now?				
Increasing Knowledge of HIV Sero-status				
■ Client- initiated testing and counselling (CITC)				
■ Provider-initiated testing and counselling				
• PITC in antenatal care, during labour, in post-partum and newborn care			F	
• PITC in reproductive health services including family planning			G	
• PITC where patients shows signs/symptoms of illness suggesting HIV infection including TB, STI, other WHO staging illness and increasingly other common though minor complaints			B	
• PITC for men seeking circumcision as an HIV prevention intervention				
Diagnosis of HIV in infants and young children				
<ul style="list-style-type: none"> • Determine and document HIV-exposure status for all infants/ children • Recommend age-appropriate HIV testing for: <ul style="list-style-type: none"> ○ All HIV- exposed children ○ All children of unknown status ○ Sick children if HIV infection is suspected ○ Siblings of HIV-infected or exposed children or other family members ○ Collect blood, perform rapid HIV testing ○ Collect DBS and send sample for virological testing ○ Post-test counseling of parents/guardian 			A	
Family and partner testing and counselling (based on index care)				
• Active support for disclosure and partner testing			A	
• Encourage and provide couples counselling			A	
Home testing and counseling				
• Support for home-based testing of partners			A	
Testing and counseling as a component of tolerant services for sex workers, MSM, adolescents, and other groups at high risk for transmission of HIV			B	
Support confidential HIV testing and counseling for health workers, to facilitate uptake of PEP and to provide early HIV care and treatment			A	
■ Laboratory recommendations for HIV diagnosis				
			OM7	

Annex 2.2: Accelerating HIV Prevention					
Relevant IMAI/IMCI guidelines and training course(s) and/or relevant Operations Manual chapters					
What else needs to be done to deliver?					
Who needs to be trained to deliver this intervention?					
Are these interventions available in your health centre now?					
Accelerating HIV Prevention					
■ Prevention of sexual transmission of HIV					
Condom promotion and provision					
OM4, 6 A					
Detection and management of STI					
<ul style="list-style-type: none"> • For all adolescents and adults presenting for acute care • Syndromic management • As part of chronic HIV care <ul style="list-style-type: none"> ○ Symptom screen on each HIV care visit ○ Annual syphilis test in chronic HIV care for those at high risk ○ Symptomatic treatment of HSV2 					
Safer sex and risk reduction counselling					
<p>Note: These include many of the 'PwP' (Prevention with PLHIV) interventions which focus on prevention of HIV transmission (prevention of illness is under treatment and care)</p> <ul style="list-style-type: none"> • Active support for disclosure and partner testing • Discordant couples risk reduction counselling and support • Counsel on continued possibility of HIV transmission and need to continue condom use • Counsel on return to sexuality and fertility on treatment • Assess substance use and relationship to risky behaviour • Brief alcohol interventions for harmful and hazardous alcohol use 					
Male circumcision					
<ul style="list-style-type: none"> • Education, counseling regarding adult male circumcision • Wound care post-circumcision (some large health centres may provide male circumcision in some countries) • Neonatal male circumcision in large health centres with L&D 					
Targeted interventions for commercial sex workers (CSW) and men who have sex with men (MSM)					
<ul style="list-style-type: none"> • Special, tolerant clinical services for CSW, MSM • Periodic presumptive treatment of STIs in sex workers • Outreach through peers 					
Non-occupational post-exposure prophylaxis					
<ul style="list-style-type: none"> • Manage those who have experienced condom breakage when having sex with known HIV-infected source • Management of rape and sexual violence including PEP • Special management child sexual abuse 					

<ul style="list-style-type: none"> ■ Special considerations targeting young people 					
<ul style="list-style-type: none"> • Tolerant, adolescent-friendly services • Ensure access reproductive health services including FP and condoms 			I		
<ul style="list-style-type: none"> ■ Prevention of infection in infants and young children 					
Family planning and counselling					
<ul style="list-style-type: none"> • Family planning and reproductive choices counseling for all PLHIV <ul style="list-style-type: none"> ○ Planning a pregnancy ○ Avoiding pregnancy, including decision-making and informed choice of all contraceptive methods ○ If pregnant or planning pregnancy, counsel on risk of MTCT, PMTCT interventions and healthy conception, pregnancy, delivery and infant feeding ○ Family planning counseling and services modified for PLHIV including pills, injectable contraceptives, male and female condoms, fertility-awareness methods and Lactational Amonorrhea Method (LAM), referral for other methods. • Provide third trimester and postpartum family planning counseling (modified for PLHIV) 			A,G		
Antiretroviral medicines for preventing HIV infection in infants					
<ul style="list-style-type: none"> • Assess eligibility for ART for infected mothers at first ANC visit: clinical staging, CD4 • Initiate ART for pregnant women eligible for ART based on staging of HIV disease • Provide ARV prophylaxis (AZT from 28 weeks; AZT, 3TC, sdNVP intrapartum plus sdNVP and AZT to newborn) or ART for PMTCT • Clinical and lab monitoring • Distinguish side effects from pregnancy problems • Provide enhanced adherence support during pregnancy • Ensure that woman takes ARV dose (either sdNVP or double dose AZT + sdNVP) as soon as labour starts • Intensified adherence support during labour • Prompt newborn dose and adherence support for newborn and maternal ARV drugs after discharge • Postpartum: Support adherence to AZT for 1 or 4 weeks to newborn and to AZT/3TC tail for 1 week for mother (if not on ART) 			A,F		
Treatment, care, support for pregnant HIV-positive women					
<ul style="list-style-type: none"> • Interventions to prevent illness in PLHIV and sexual transmission, clinical management, and TB detection and treatment, as for all adolescents and adults—see above 			A,B		

Infant feeding counselling and support					
<ul style="list-style-type: none"> • Antenatal: provide infant feeding counseling on choice; preparation for exclusive breastfeeding with early weaning or replacement feeding • L&D: • Postpartum/newborn care: Infant feeding counseling and support for exclusive BF or replacement feeding 			B,F		
Other interventions to prevent MTCT and assure HIV-exposed infant testing, prevention and care					
<p>Antenatal:</p> <ul style="list-style-type: none"> • Emphasize importance of safer sex/condom use during pregnancy and lactation (partner may seek sex elsewhere) • Good antenatal practices that contribute to PMTCT: syphilis testing (and treatment of syphilis when required), STI screening and management, malaria IPT if not on co-trimoxazole, insecticide-treated bednets • Advise to deliver in facility; special modifications to careseeking advice for PLHIV • Educate on need and schedule for HIV testing of the newborn • Indicate maternal HIV status on both maternal and infant health card 			B,F		
<p>Good labour and childbirth practices that contribute to PMTCT:</p> <ul style="list-style-type: none"> • No routine rupture of membranes or episiotomy • Avoid prolonged labour (using partograph) with prompt transfer of complicated cases or primiparous women before they become too complicated • Minimize cervical examinations • Safe delivery practices which minimize fetal contact with maternal blood and secretions • Avoid PPH by active management of third stage • Before discharge, review need and schedule for well child visits and HIV testing of the infant • Arrange follow-up of mother and newborn • Advise on safe disposal of lochia 			B,F		
<p>Postpartum/newborn care:</p> <ul style="list-style-type: none"> • Advise when to seek care urgently—special instructions for PLHIV • Emphasize importance of safer sex/condom use during lactation (partner may seek sex elsewhere) • Assure continuity of HIV care for mother and HIV testing and care for newborn (co-trimoxazole for both mother and baby; HIV testing for baby; follow-up to make sure mother is in care) • Family planning counseling and provision of basic services 			B,F		
■ Prevention of HIV (and TB) transmission in health care settings					

Infection control (including TB infection control)				
TB infection control <ul style="list-style-type: none"> • Screen all patients for cough and other symptoms of TB • For coughing patients, ask to cover mouth and provide tissue • Well ventilated indoor waiting area • Outdoor protected waiting area • Place coughing patients in separate waiting area or outdoors, as appropriate • Expedite coughing patients receipt of services • TB infection control plan in facility (see TB infection control section in Infrastructure chapter) 			OM 4 E	
<ul style="list-style-type: none"> • Safe water supply and waste water management • Safe waste management • Handwashing and other hygiene • Latrines/toilets • Cleaning and laundry 			OM 4	
Blood safety				
Safe injections, use of standard precautions				
<ul style="list-style-type: none"> • Standard precautions • Safe injections; sterile needles and syringes • Ample supply gloves • Goggles, aprons, long-arm gloves for infection prevention in L&D setting 			OM 4,8	
Occupational post-exposure prophylaxis (PEP)			OM 8	

Annex 2.3: Treatment and care					
Relevant IMAI/IMCI guidelines and training course(s) and/or relevant Operations Manual chapters					
What else needs to be done to deliver?					
Who needs to be trained to deliver this intervention?					
Are these interventions available in your health centre now?					
Accelerating Scale-Up of HIV Treatment and Care					
■ Prevention and management of OIs and co-morbidities					
Prevention	Cotrimoxazole prophylaxis				
	<ul style="list-style-type: none"> • Cotrimoxazole prophylaxis- from 6 weeks of age in HIV-exposed infants; for all HIV-positive • Secondary prophylaxis for fungal infections (fluconazole) 				
	A				
	Vaccine-preventable diseases				
<ul style="list-style-type: none"> • Adults and adolescents: catch-up with recommended vaccinations that might have been missed (e.g. tetanus, polio) • Adolescent vaccination • Child immunizations: give DPT, OPV, Measles; give BCG at birth even if HIV-exposed if high TB endemicity (avoid BCG if known HIV infection); delay pneumococcal conjugate and H. influenzae type B if severe immunocompromise 					
A					
Nutritional care and support					
<ul style="list-style-type: none"> • For adolescents and adults • Clinical examination, assess anthropometry (e.g., weight, weight gain or loss, MUAC or BMI) • Nutrition counseling to assure adequate macro- and micro-nutrient intakes at RDA through diversified diets, fortified foods, and, if these are inadequate, micronutrient supplements 					
A,B					
<ul style="list-style-type: none"> • Nutritional assessment and support for children- growth and development monitoring • Measure & chart weight every visit; adjust dose accordingly • Measure MUAC, check for oedema and signs of wasting • Assess and classify nutritional status • Counsel on improving diet through supplementation, fortification or dietary modification • Vitamin A prophylaxis where indicated • Mebendazole prophylaxis • Provide micro-nutrient supplement where indicated • Identify local services and possibilities for referral • Maintain list of local community service for nutritional support including food supplementation, household food security and livelihood support • Provide micronutrient supplementation where indicated • Support for exclusive breastfeeding (EBF) for first six months or support for exclusive replacement feeding if chosen and AFASS 					
A,D					

Prevention	<ul style="list-style-type: none"> • Provide nutrition counseling on energy- and nutrient-rich complementary foods, for feeding from six months of age • Determine if target weight gain has been achieved (or plot and interpret weight for age on growth chart) • Perform basic developmental assessment • Document on child health, HIV care card, growth chart 					
	Water, sanitation, hygiene					
	<ul style="list-style-type: none"> • Promotion of safe drinking water (education) • Promotion of hand washing with soap (education) • Infants, children: provide education on safe disposal of stool 				A,D	
Clinical care and support services	Pneumonia				B,D	
	Malaria (prevention and treatment)					
	<ul style="list-style-type: none"> • Insecticide- treated mosquito nets • Cotrimoxazole prophylaxis provides prevention • Case management malaria 				B,D	
	Diarrhoea				B,D	
	Malnutrition					
	<ul style="list-style-type: none"> • Assess and classify malnutrition • Manage uncomplicated malnutrition in adults • Manage severe uncomplicated malnutrition; including provide additional macronutritional support according to nutrition assessment and clinical conditions 				B,D	
	Mental health and psychosocial support					
<ul style="list-style-type: none"> • Screening and basic management of depression, suicide risk, hazardous or harmful alcohol use • Recognize and refer psychotic patients • Individual counseling (post-test, adherence support, disclosure, risk reduction, etc) including counselor-assisted disclosure • Peer support groups • Encourage family members to participate in patient's care and treatment • Linkages to FBOs and CBOs for prevention and support services where available • Couples counseling 				A,B		
<p>Special for children: Psychosocial counseling, support</p> <ul style="list-style-type: none"> • Develop and initiate child-specific disclosure plan • Support disclosure as appropriate to the age and developmental stage of the child • Identify community mechanisms for referral for child-specific support • Provide guidance, support parents and care providers for disclosure to the child & ongoing counseling 				A,J		

Other common conditions				
<ul style="list-style-type: none"> • Syndromic management of non-severe OIs • Initiate emergency management of severe OIs; refer severe OIs • Educate on early care seeking for illnesses • Manage skin problems • Manage or recognize/refer neurological problems (especially cryptococcal meningitis, peripheral neuropathy) <p>Special for children:</p> <ul style="list-style-type: none"> • Ear infection • Routine childhood clinical services as described in IMCI or other national child health service package 			B	
			D	
■ Prevention & treatment HIV-associated TB				
Intensified case finding				
<ul style="list-style-type: none"> • Ask/observe for cough and other symptoms and do clinical assessment for others signs during every chronic HIV patient visit; during all acute care visits; and for all household contacts • Send sputums for AFB and respond to results or perform on-site 			A,B,E	
IPT for TB			AE	
TB-HIV co-management (including TB-ART co-treatment)				
<ul style="list-style-type: none"> • Determine disease site, type, category of TB • Refer (and follow-up) to district clinician for further evaluation and treatment plan for the following patients: <ul style="list-style-type: none"> ○ defaulted; ○ suspected smear negative or extrapulmonary TB, for chest X-ray and further evaluation ○ suspect chronic or MDR TB patient; ○ TB-HIV patients for TB-ART co-treatment plan ○ to rule out active TB before starting INH prophylaxis, as required ○ Where referral is impossible: empirically diagnose and treat severely ill patients with suspected smear-negative pulmonary and extrapulmonary TB • Initiate TB treatment in smear positive patients who are new, relapse, or treatment after failure and new smear positive TB-HIV patients not already on ART using the national regimens; refer others to district clinician for treatment plan • Manage patients who have been started on TB or TB-ART co-treatment by the district clinician, following their treatment plan • For all patients in treatment: <ul style="list-style-type: none"> ○ educate about TB and HIV ○ support adherence and self-management and provide DOT as appropriate ○ train and supervise TB and TB-ART community treatment providers/supporters ○ supply/dispense TB and ART treatment 			E	

<ul style="list-style-type: none"> ○ monitor treatment ○ ensure continuation of TB treatment ○ determine treatment outcome ● Maintain records related to TB treatment and ART 						
<p>Special TB related services for children- as for adults plus</p> <ul style="list-style-type: none"> ● Screen and refer children with suspected TB for further evaluation, diagnosis, and treatment plan: ● Determine and document history of TB contact and symptoms consistent with TB during at each encounter (regular or acute visit) ● Perform or refer sputum smear microscopy for AFB if child can produce sputum ● Refer (and follow-up) all children who have history of close contact with a TB patient and symptoms consistent with TB (cough, fever, weight loss, failure to thrive) to district clinician for further evaluation ● Screen HIV exposed and infected children for TB ● Where referral is not possible: empirically diagnose and treat severely ill children with suspected TB who are not already on ART ● Provide isoniazid prophylaxis to all HIV-infected children under five years of age in close contact with a TB patient after ruling out active TB 				E		
<p>Palliative care symptom management and end-of-life care</p>						
<ul style="list-style-type: none"> ● Provide management which integrates specific treatment and prevention with effective management of symptoms ● Pain assessment using a grading scale ● Chronic pain management using several analgesics including oral morphine using the analgesic ladder ● Initiate oral morphine ● Manage side effects of oral morphine and adjust dose ● Manage neuralgia and other special pain problems ● Medical and non-medical symptom management of nausea and vomiting, weight loss, mouth ulcers, persistent diarrhoea, confusion, anxiety, insomnia, itching, bedsores, cough or difficult breathing, fever, etc ● Teach caregivers at home to provide effective palliative care including pain management and to detect and report possible TB ● Home-based palliative care ● Health centre back up to home-based palliative care <p>Special for children:</p> <ul style="list-style-type: none"> ● Recognize, grade and manage pain in children ● Symptom management in children ● Family/caretaker preparation/support/counseling Provide basic guidance and support for the child to deal with illness, death and bereavement ● Provide basic guidance and support parents and care providers in caring for the sick or dying child 				C		

Antiretroviral therapy for adults, adolescents, children							
<ul style="list-style-type: none"> • Regular/ongoing review and staging • Regular/ongoing laboratory monitoring with prioritized use of CD4 • Adherence preparation, support (including counseling and aids such as pill boxes) and monitoring • Use of community organizations, community volunteers or CHWs to track patients who have missed appointments • Preparation of treatment supporters • Support patient self-management • Initiate first-line ART in uncomplicated patients • Clinical monitoring of first-line ART for toxicity and effectiveness <ul style="list-style-type: none"> ○ Recognize and manage mild and moderate ARV drugs toxicity ○ Recognize and refer severe or life threatening drug toxicities • Appropriate identification and referral of complex patients and patients with possible treatment failure • Substitute between d4T and AZT for toxicity • Immunologic monitoring for effectiveness: prioritized use CD4 • Laboratory monitoring for toxicity using haemoglobin • Support community-based interventions: <ul style="list-style-type: none"> ○ Treatment preparedness for both HIV and TB ○ Treatment support for ART, TB treatment and prophylaxis ○ Home delivery of drug refills ○ Peer support 				A			
<p>Special for children- as above plus:</p> <ul style="list-style-type: none"> • Start ART in HIV-positive infants • Perform paediatric clinical review and clinical staging • Send and use CD4% and CD4 count for immunological staging in children • Determine eligibility for ART in children • Prepare children and care givers for initiation of ART • Special paediatric adherence preparation and ongoing support • Adjust drug dosage as the child grows • Provide guidance, support parents and care providers in addressing treatment adherence • Start preparations for long term ART adherence • Identify key obstacles and offer practical solutions to improve adherence 				A,D			
<p>Special for adolescents- as above plus</p> <ul style="list-style-type: none"> • Tanner staging to determine whether paediatric or adult dosing • Special psychosocial support for adolescent PLHIV • Peer support groups and other special psychosocial support for young people living with HIV 				A,I			

Care and treatment for health workers					
<ul style="list-style-type: none"> • Offer confidential HIV testing and counseling for health workers, to facilitate uptake of PEP and to provide early HIV care and treatment • Encourage HIV prevention (both sexual exposure and occupational) • Support health worker safety including safe injection, other standard precautions—see prevention of HIV and transmission in facilities above • If HIV positive, link with special services for HIV care and treatment 			A OM 8		
Strategic Information: patient monitoring					
<ul style="list-style-type: none"> • Pre-ART: Maintain PreART records (HIV care/ART card, PreART register); regular/ongoing clinical and laboratory monitoring and staging to identify ART-eligible patients • On ART: Maintain records related to ART (HIV care/ART card, ART register, reports; includes early warning indicators for drug resistance) • PMTCT-MCH patient monitoring system • TB-HIV patient monitoring system 			OM5		



Annex 3

Forms for Chapter 3: Services integration, linkages and triage

- 3.1 Numeric Code list for services outside the health centre**
- 3.2 Directory of Services Form- listed by organization name**
- 3.3 Directory of services form - listed by services provided**

3.1 Numeric Code list for services outside the health centre

For community services use the following numeric codes:	For clinical services outside the health centre or services useful for health centre use the following letter codes
<p>1. Adherence counseling</p> <p>Children services</p> <p>2. Schools, day care</p> <p>3. Programmes providing school fees</p> <p>4. Peer support groups for older children</p> <p>5. Recreational activities for children</p> <p>6. Programmes to support child headed households</p> <p>7. Community volunteer support for children</p> <p>8. Financial and day care support to attend health facility appointments for children</p> <p>9. Part or full time foster care</p> <p>10. Community day care – adults</p> <p>11. Community volunteer support</p> <p>12. Family planning</p> <p>Financial support</p> <p>13. Government grants</p> <p>14. Income generation skills training activities</p> <p>15. Vocational skills training</p> <p>16. Saving and loans groups</p> <p>17. Microfinance institutions</p> <p>18. Funeral associations</p> <p>19. Food support</p> <p>20. HIV counseling and testing</p> <p>21. Home-based care coordinator</p>	<p>A. Ambulance and emergency services</p> <p>B. District clinician who supervises HIV care at this health centre</p> <p>C. District HIV coordinator</p> <p>D. District hospital – adult ward in charge</p> <p>E. District hospital– ART clinic in charge</p> <p>F. District hospital – paediatric ward in-charge</p> <p>G. District lab</p> <p>H. District MCH coordinator</p> <p>I. District Pharmacy</p> <p>J. District TB coordinator</p> <p>K. Driver/transport</p> <p>L. Family Planning</p> <p>M. OB/GYN Services</p> <p>N. Other district clinicians</p> <p>O. Palliative care (symptom management, end of life care expert)</p> <p>P. PEP services</p> <p>Q. Pharmacy</p> <p>R. Power</p> <p>S. Radio</p> <p>T. Special disease surveillance reporting numbers</p> <p>U. STI services</p> <p>V. TB services</p> <p>W. Telephone</p> <p>X. Town/municipality/Utility numbers</p> <p>Y. Warm line for clinical consultations on HIV/ART complications</p> <p>Z. Waste system</p> <p>AA. Water</p> <p>BB. Other clinical services</p> <p>CC.BB. Other clinical services</p>
<p>22. Information and education activities in fight against stigma</p> <p>23. Legal support</p> <p>24. Material support</p> <p>25. Mental health services</p> <p>26. Microfinance</p> <p>27. Nutrition counseling</p> <p>28. Peer support groups</p> <p>29. PLHA support</p> <p>30. Prevention services</p> <p>Psychosocial or spiritual support</p> <p>31. Counseling programmes</p> <p>32. Peer support groups</p> <p>33. Faith based organizations</p> <p>34. Community volunteer support</p> <p>35. Prayer groups</p> <p>36. PLHV activist groups, advocates</p> <p>37. Social welfare services (water, food, clothing, shelter)</p> <p>38. Support for domestic groups</p> <p>39. Treatment support groups</p> <p>40. CIRC</p> <p>41. Youth support groups</p> <p>42. Other _____</p>	

3.2 Directory of Services Form- listed by organization name:

Organization	Services Provided	Fees for services	Address	Phone number	Hours of Service	Contact Person
Name of Org A						
Name of Org B						
Name of Org C						
Name of Org D etc						

3.3 Directory of services form - listed by services provided

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
1. Adherence counseling						
Children services						
3. Schools, day care						
4. Programmes providing school fees						
5. Peer support Groups						
6. Recreational activities for children						
7. Programmes to support child headed households						
8. Community volunteer support for children						
9. Financial and day care support to attend health facility appointments for children						
10. Part or full time foster care						

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
11. Community day care-adults						
12. Community volunteer support						
13. Family planning						
Financial support						
14. Government grants						
15. Income generation skills, training, activities						
16. Vocational skills training						
17. Savings and loans groups						
18. Microfinance institutions						
19. Funeral associations						
20. Food support						
21. HIV counseling and testing						

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
22. Home-based care coordinator						
23. Information and education activities to fight against stigma						
24. Legal support						
25. Material support						
26. Mental health services						
27. Microfinance						
28. Nutrition counseling						
29. Peer support groups						
30. PLHA support						
31. Prevention services						
Psychosocial or spiritual support						
32. Counseling programmes						

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
33. Peer support groups						
34. Faith based organizations						
35. Community volunteer support						
36. Prayer groups						
37. PLHIV activist groups advocates						
38. Social welfare services (water, food, clothing, shelter)						
39. Support for domestic violence victims						
40. Treatment support groups						
41. CIRC						
42. Youth Support Groups						
43. Other						

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
A. Ambulance and emergency services						
B. District clinician who supervises HIV care at this health centre						
C. District HIV coordinator						
D. District hospital adult ward in charge						
E. District hospital ART clinic in charge						
F. District hospital paediatric ward in charge						
G. District lab						
H. District MCH coordinator						
I. District pharmacy						
J. District TB coordinator						
K. Driver / transport						
L. Family Planning						
M. OB/GYZ Services						
N. Other district clinicians						
O. Palliative care (symptom management, end of life care)						

Community Services Provided	Organization	Fees	Address	Phone number	Hours of Service	Contact Person
P. PEP services						
Q. Pharmacy						
R. Power						
S. Radio						
T. Special disease surveillance reporting numbers						
U. STI Services						
V. TB services						
W. Telephone						
X. Town / Municipality / Utility numbers						
Y. Warm line for clinical consultations on HIV/ART complications						
Z. Waste system						
AA. Water						
AB. Other clinical services						



Annex 5

Forms for Chapter 5: Infrastructure

5.1 Electrical load estimator

5.1 Electrical load estimator example

Electrical load estimator for large and small health centres							
		No	Watts	Hours	Days Per Week	Day Total in Watt-Hours	Estimate of those connected at one time ¹
Essential lab	Microscope	2	46	4	6	315	
	Hgb meter	1	29	2	6	25	
	Microhaematocrit centrifuge	1	575	1	6	493	
Cooling	Fan						
	Air conditioner (adaptation)						
	Refrigerator run on AC (adaptation)	1	1500	24	7	36000	
	Refrigerator run from 12 or 24 volt battery bank directly						
Critical lights	Small health centre: Emergency visits at night						
	Portable exam lights (where ambient light not adequate)	1	25	1	7	25 night total	
	Security at night	4	10	11	7		40
	Large health centres also: More emergency outpatient visits						
	Labour room						
	Delivery room	1	40	5	7	200	40
	Emergency surgery						
	Recovery room	1	20	3	7	60	20
	Inpatient beds- small ward	2	10	3	5	43	20
	Night nurse	1	20	8	7	160	20
	Toilets at night	2	10	2	7	40	20
	Waiting room	1	20	4	7	80	
Communication	Recharge mobile phone						
	CB radio						
Patient education	VCR or DVD player	1	20	2	4	23	20
	TV monitor	1	140	2	4	160	140
	Laptop computer	1	150	8	6	1,029	150

¹ For inverter sizing



Annex 6

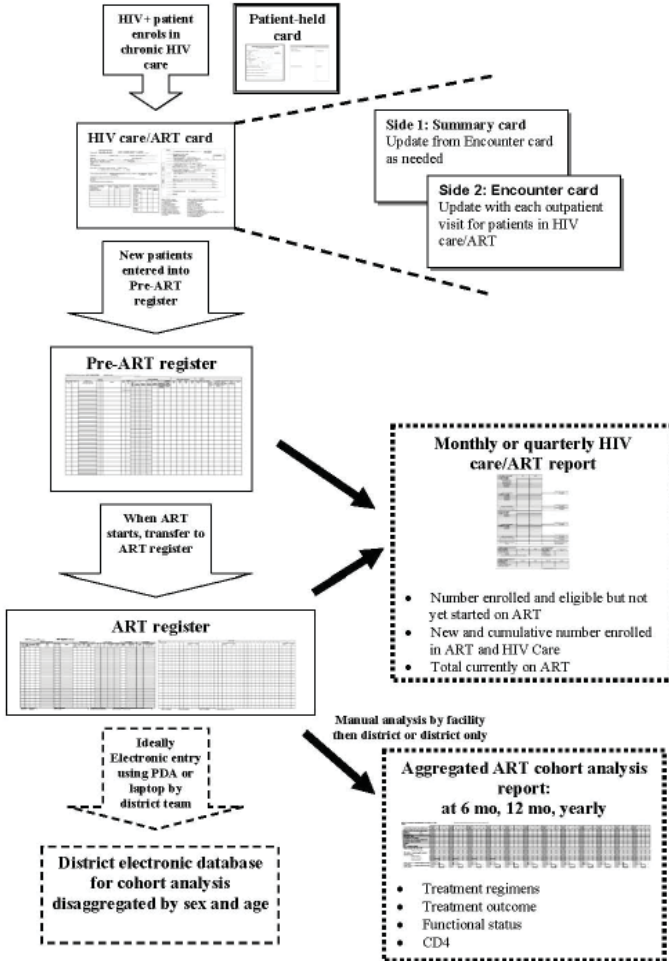
Forms for Chapter 6: Monitoring services, patients, and programmes

- 6.1 **Figure showing data flow in the HIV Care/ART Patient monitoring system**
- 6.2 **Figure showing data flow in the TB/HIV Patient monitoring system**
- 6.3 **Figure showing data Flow in the interlinked MCH/ANC/ PMTCT and HIV Care/ART patient monitoring system**

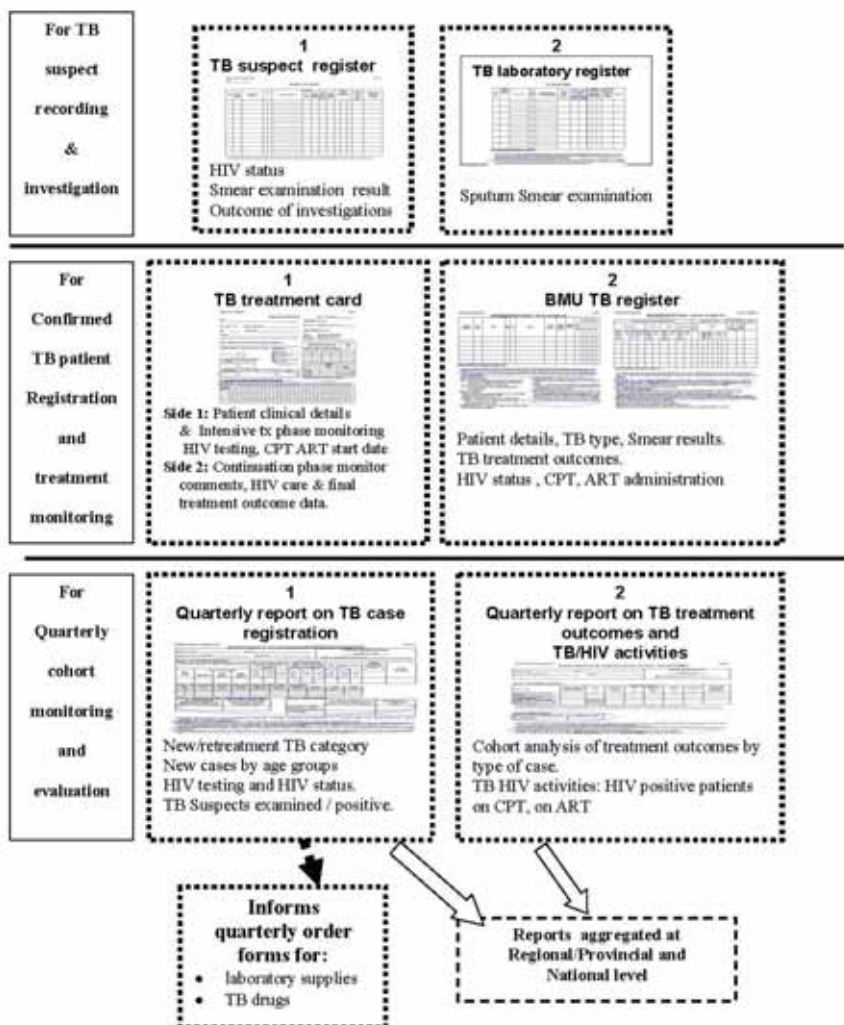
6.1 Figure showing data flow in the HIV Care/ART patient monitoring system

The diagrams on the following pages show the flow of data through the three illustrative, interlinked patient monitoring systems.

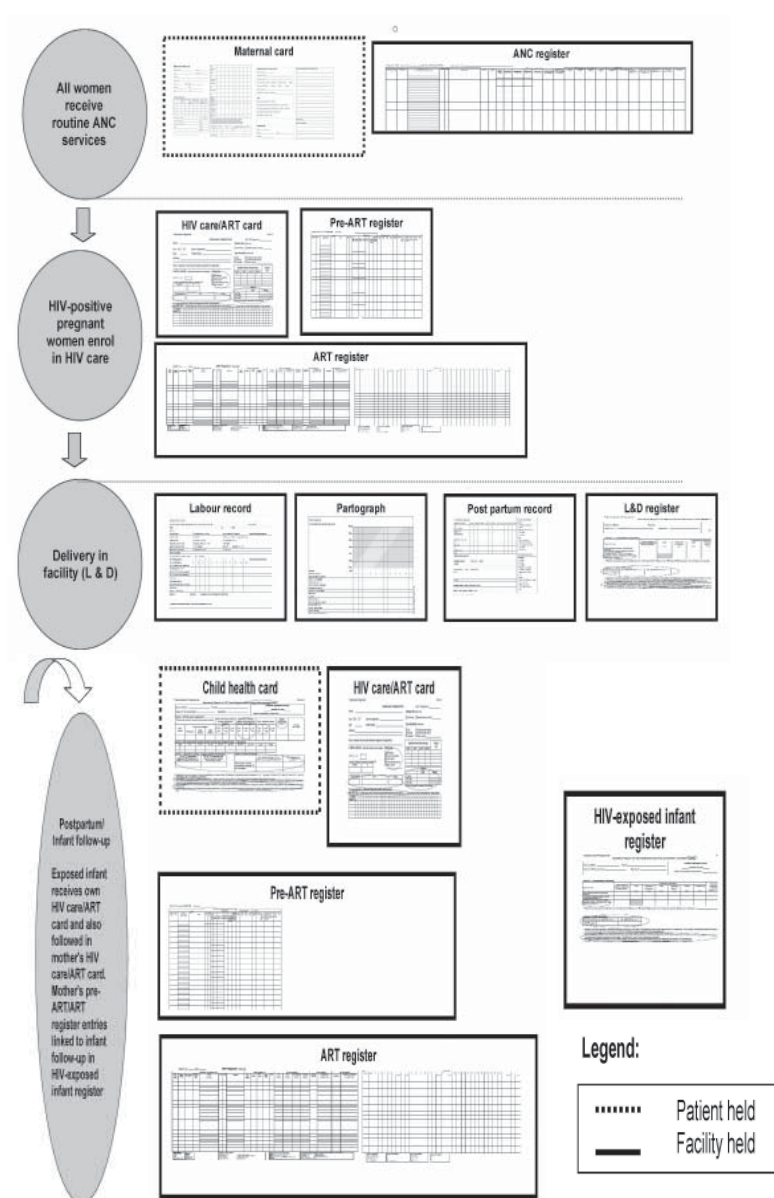
The diagrams on the following pages show the flow of data through the three illustrative, interlinked patient monitoring system



6.2 Figure showing data flow in the TB/HIV patient monitoring system



6.3 Figure showing data flow in the interlinked MCH/ANC/ PMTCT and HIV Care/ART patient monitoring system





Annex 7

Forms for Chapter Six: Supply management

- 7.1 Indicators of poor quality or damaged supplies**
- 7.2 Requisition and issue voucher**
- 7.3 Requisition for Pharmaceutical supplies**
- 7.4 Delivery form**
- 7.5 Discrepancy report**
- 7.6 Stock card**
- 7.7 Monthly report and request**
- 7.8 Temperature control log**
- 7.9 Patient counselling checklist for ART**

7.1 Indicators of poor quality or damaged supplies

▶ INDICATORS OF POOR QUALITY OR DAMAGED SUPPLIES

PACKAGING, LOOK FOR:

- ▶ Broken or ripped packaging (vials, bottles, boxes, etc.)

LABELS, LOOK FOR:

- ▶ Missing, incomplete or unreadable labels

IF Liquids, LOOK FOR:

- ▶ Discolouration
- ▶ Cloudiness
- ▶ Sediment
- ▶ Broken seal on bottle
- ▶ Cracks in ampoule, bottle or vial
- ▶ Dampness or moisture in packaging
- ▶ Torn or ripped packaging

IF Latex Products, LOOK FOR:

- ▶ Dryness
- ▶ Brittleness
- ▶ Cracks

IF Lubricated latex products, LOOK FOR:

- ▶ Sticky packaging
- ▶ Discoloured product or lubricant
- ▶ Stained packaging
- ▶ Leakage of the lubricant (moist or damp packaging)

IF Foil packs, LOOK FOR:

- ▶ Perforations in the packaging

IF Chemical reagents, LOOK FOR:

- ▶ Discolouration

IF tablets (PILLS), LOOK FOR:

- ▶ Discolouration
- ▶ Crumbled pills
- ▶ Missing pills (from blister pack)
- ▶ Stickiness (especially coated tablets)
- ▶ Unusual smell

IF Capsules, LOOK FOR:

- ▶ Discolouration
- ▶ Stickiness
- ▶ Crushed capsules

IF Injectables, LOOK FOR:

- ▶ Liquid not returning to suspension after shaking

IF Sterile products (including intrauterine devices), LOOK FOR:

- ▶ Torn or ripped packaging
- ▶ Missing parts
- ▶ Broken or bent parts
- ▶ Moisture inside the packaging
- ▶ Stained packaging

IF Tubes, LOOK FOR:

- ▶ Stickiness
- ▶ Leaking contents
- ▶ Perforations or holes in the tube

7.2 Requisition and issue voucher

From *Guidelines for the Storage of Essential Medicines and Other Health Commodities*
(JSI/DELIVER)

REQUISITION AND ISSUE VOUCHER					
Requisition and Issue Voucher No.: _____ Date: _____ Ship to: _____ _____ _____					
REQUISITION			ISSUE		Remarks
Article	Quantity on hand	Quantity received	Shipped	Received	
REQUISITION Requested by: _____ Date: _____ Approved by: _____ Date: _____					
ISSUE Approved by: _____ Date: _____ Shipped by: _____ Date: _____					
RECEIPT Received by: _____ Date: _____					

(MAKE 4 COPIES)

7.3 Requisition for pharmaceutical supplies form

<p>Health Care Facility Office Stamp</p> <p>Health Care Facility: _____ _____ _____ _____</p> <p>Send requisition to: _____ (Medical Supplier)</p>	<p>REQUISITION NUMBER: 01390</p> <p>FOR MEDICAL SUPPLIER USE ONLY</p> <p>ISSUE VOUCHER NUMBER</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"> </td> <td style="width: 25%; border-bottom: 1px solid black;"> </td> <td style="width: 25%; border-bottom: 1px solid black;"> </td> <td style="width: 25%; border-bottom: 1px solid black;"> </td> </tr> </table>				
<p>DATE:</p> <p>ITEM <small>Only one item (one form, one strength) per line.</small></p>	<p>UNIT + SIZE</p> <p>CODE NUMBER</p> <p>QUANTITY</p> <p>CODE NUMBER <small>(if amended)</small></p> <p>QUANTITY ISSUED</p>				
<p>Medical supplies, detailed above, are received in good condition and are of good quality.</p> <p>DATE ORDER RECEIVED: _____</p> <p>DATE ORDER COMPLETED: _____</p> <p>_____ <small>(Requisitioner's Signature and Office)</small></p>	<p>Medical supplies, detailed above, are received in good condition and are of good quality.</p> <p>DATE ORDER RECEIVED: _____</p> <p>DATE ORDER COMPLETED: _____</p> <p>_____ <small>(Recipient's Signature and Office)</small></p>				
<p>TOTAL # OF BOXES IN ORDER:</p>	<p>DATE OF DISPATCH: _____</p> <p>_____ <small>(Medical Supplier Signature and Office)</small></p>				

7.5 Discrepancy report form

HEALTH CARE FACILITY:		DATE:			
RECEIVED BY:		WITNESSED BY:			
DETAILS OF SHIPMENT					
REQUISITION NUMBER:		TRANSPORTER:			
NAME OF DELIVERY PERSON:		VEHICLE REGISTRATION :			
NUMBER OF BOXES RECEIVED:					
DETAILS OF DISCREPANCIES					
ISSUE VOUCHER	ITEM DESCRIPTION	CODE	UNIT+SIZE	QUANTITY	
ITEMS MISSING / OVER-ISSUED					
EXPIRED ITEMS					
DAMAGED OR POOR QUALITY ITEMS					
OTHER DISCREPANCIES					
NAME (print):		(signature): OFFICE HELD:			
CC:					

7.8 Temperature control log

Temperature control log: ARV Pharmacy store refrigerator

Month/Year:200__

Acceptable Range: 2–8°C

Date	Time	Recorded Temp (C)	Within Acceptable Range Yes()/No	Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Temperature control log: Pharmacy ARV store

Month/Year:/200

Acceptable Range: +18-25°C

Date	A.M. Time	Recorded Temp (C)	Acceptable Yes()/No	Initials	P.M. Time	Recorded Temp (C)	Acceptable Yes()/No	Initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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29								
30								
31								

7.9 Patient counselling checklist for ARVs

1. Introduce yourself

2. Identify who is being counseled

3. Check what the patient or his/her representative already knows about the medicines:

- a. What did the doctor/nurse tell you the medication was for?
- b. How did the doctor/nurse tell you to take the medicines?
- c. What other information did the doctor/nurse tell you about taking this medication?

4. Make sure the patient or his/her representative understands how these medications work
(Not a cure, only suppresses the virus, can still infect others, can still get sick from other illnesses)

5. Ask for patient's questions and concerns

6. Give the name of medicine and describe appearance

(Show the patient the identifier code on solid dosage forms and show the label. If possible, open package and show the tablets. Refer to patient counseling information.)

7. Name the route of administration

8. Give directions/instructions

Explain to the patient or his/her representative the directions they should follow (number of pills, amount of fluid, when to take, not to share/miss dose, not to take more or less, missed doses to be taken as soon as possible or skip and go to regular dosing schedule, no double dosing. Continue taking even when feeling better, otherwise medicines may not work and are limited. Do not stop taking drugs without doctor's knowledge).

9. Give information on the possible drug interactions (herbs, other medicines)

10. Give information on the side effects of the medicines

11. Give instructions on how the medication should be stored

12. Check the understanding of the patient or his/her representative by asking them to repeat back to you key information. Remind them of information they left out

13. Final check for questions and concerns

Courtesy of Management Sciences for Health Rational Pharmaceutical Management Plus Program with funding from U.S. Agency for International Development



Annex 8

Forms for Chapter 8: Laboratory services

- 8.1 Monthly report and requisition form**
- 8.2 Request sputum smear microscopy examination**
- 8.3 Register of TB suspects**
- 8.4 Infant PCR lab requisition form with program monitoring data**
- 8.5 DBS logbook**
- 8.6 Pregnancy test worksheet**
- 8.7 CD4 request form**
- 8.8 Lab supplies list for health centre**

8.1 HIV testing register

Testing Site Name: _____

Type of testing site (Circle one) Lab VCT PMTCT TB Other

Serial No.	Patient/Client Code	Age (Years)	Sex	Date Tested (dd/mm/yy)	HIV Test-1*			HIV Test-2*			HIV Test-3*			Final Results** (Circle one)	Test†	Mark X test for Confirmation of EQA	Confirmation of EQA Results (Circle one)	Comments
					K12 Name	Lot No.	Expiration Date (Circle one)	K12 Name	Lot No.	Expiration Date (Circle one)	K12 Name	Lot No.	Expiration Date (Circle one)					
1			M/F	/ /														
2			M/F	/ /														
3			M/F	/ /														
4			M/F	/ /														
5			M/F	/ /														
6			M/F	/ /														
7			M/F	/ /														
8			M/F	/ /														
9			M/F	/ /														
10			M/F	/ /														
11			M/F	/ /														
12			M/F	/ /														
13			M/F	/ /														
14			M/F	/ /														
15			M/F	/ /														
16			M/F	/ /														
17			M/F	/ /														
18			M/F	/ /														
19			M/F	/ /														
20			M/F	/ /														

Total HIV-1 test results	
Total HIV-2 test results	
Total HIV-3 test results	
Total tests	

Examples of frequent comments:
 - kit damaged
 - EQA samples used to replace kit
 - patient returned to return in 2 month

* Test is considered valid (VAV) if either the data test device, irrespective of presence or absence of control, or if result is same record and repeat using the test on a new test.
 ** If you are using a kit that is not a kit, you should use a kit that is not a kit.
 *** If you are using a kit that is not a kit, you should use a kit that is not a kit.
 COMPLETING PAGE TOTALS WILL ASSIST WITH ONGOING QUALITY ASSURANCE AND PREPARING SECRETARIAL REPORTS.

8.2 Request sputum smear microscopy examination

Request for Sputum Smear Microscopy Examination

The completed form with results should be sent promptly by laboratory to the referring facility.

Referring facility¹ _____ Date _____
 Name of patient _____ Age _____ Sex: M F
 Client number _____ TB suspect number _____
 Complete address _____

Reason for sputum smear microscopy examination:

Diagnosis

OR Follow-up Number of months of treatment: _____ BMU TB Register No.² _____

Name and signature of person requesting examination _____

1. Including all public and private health facility/providers

2. Be sure to enter the patient's BMU TB Register No. for follow-up of patients on chemotherapy

RESULTS (to be completed in the laboratory)

Laboratory Serial No. _____

Date collected ³	Sputum Specimen	Visual appearance ⁴	RESULTS				
			NEG	(1-9)	(+)	(++)	(+++)
	1						
	2						
	3						

3. To be completed by the person collecting the sputum

4. Blood-stained, muco-purulent, saliva

Examined by _____

Date _____ Signature _____

8.4 Infant PCR lab requisition form with program monitoring data

HIV Reference Laboratory Name: _____

PATIENT INFORMATION

Patient ID:

□□ - □ - □□ - □□□ - □□

First Name |

Last Name □□□□□□□□□□□□□□

Date of Birth

(DD/MM/YYYY) Sex (M/F)

□□ / □□ / □□□□ □

PMTCT INFORMATION

Child ever breastfed?

1=Yes 2=No 3=Don't know

Currently breastfeeding?

1=Yes 2=No

Date stopped breastfeeding

(DD/MM/YYYY)

□□ / □□ / □□□□

Baby on CTX ?

1=No 2= Already been on CTX 3= Starting today

Baby on ARV therapy?

1=Yes 2=No

Mother PMTCT prophylaxis (tick all given)

None AZT

> 4 weeks HAART

SD-NVP AZT< 4 weeks

Don't know

Baby PMTCT prophylaxis (tick all given)

None SD-NVP

AZT Don't know

Mother CD4 count done in past 6 months

0=No 1=Yes 2= No

CLINICIAN REQUESTING TEST

Name (print neatly): _____

Signature: _____

Clinical site name or code: _____

SPECIMEN INFORMATION

Date specimen collected:

(DD/MM/YYYY)

□□□□/□□□□

Reason for the test:

1= First test for healthy baby of HIV and mother

2= First test for sick baby

3= Repeat test after weaning from breast

4= Repeat because first sample lost, not tested, indeterminate result or other problem

5= Repeat because of clinical suspicion for first result was wrong

Clinical setting:

1= inpatient 2= outpatient 3= home visit

Rapid test done in the last week?

1= Yes 2= No

If Yes, result of rapid test:

1=Positive 2= Negative

3=Indeterminate

LABORATORY USE ONLY

Sample References Number

□□□□□□□□□□□□

Date specimen received by lab:

(DD/MM/YYYY)

□□□□/□□□□

Was the specimen of sufficient quality for testing?

1=Yes 2= No

Date assay performed (DD/MM/YYYY)

□□□□/□□□□

Qualitative PCR test result:

POSITIVE (by 2 tests on same card)

NEGATIVE

INDETERMINATE

Signature of testing technician: _____

Signature of supervisor: _____

8.7 CD4 request form

Laboratory Request Form for CD4

Name of Health Centre _____ Date _____

Name of Patient _____ Age _____ Sex _____

Address _____

Patient's ID Number (unique) _____

Reason:

- Staging
- Enrolment HIV care
- Initiation ART
- 6 months
- 12 months
- 24 months
- Suspect treatment failure
- Other _____

ART:

- Started _____ month/year
- Planned
- Uncertain eligibility

Signature of Person Requesting Examination _____

Result Communicated to Health Centre—Date _____

8.8 Lab supplies list for health centre

Primary Health Centre		
Rapid HIV, syphilis, and malaria tests	1.	rapid test kits
	2.	positive and negative controls (if not included with kit)
	3.	timer with alarm
	4.	good source of lighting
	5.	job aids
Haemoglobin	1.	WHO Haemoglobin Colour Scale (laminated, standard colours) plus specially absorbent test strips
	2.	Haemoglobinometer (if possible) with specific supplies or Haematocrit centrifuge and tubes
	3.	job aids
Microscopy supplies (for malaria or AFB smear microscopy)	1.	Microscope-(preferably binocular)
	2.	10x, 40x, 100x oil immersion objectives
	3.	Microscope dust cover
	4.	immersion oil
	5.	bottle dropper
	6.	sparebulb/fuse
	7.	lenscleaner
	8.	lenspaper
	8.	slide storage containers
	10.	slides
	11.	xylene (to remove oil before placing into storage box)
	12.	pictorial reference material or colored atlases/job aids
TB/AFB smear	1.	disposable wooden applicator sticks or wire loops using sand-alcohol flask/spirit lamp

Primary Health Centre		
	2.	if used, flask to hold sand-alcohol
	3.	Funnel
	4.	filterpaper
	5.	marking instrument - depends on slide ((frosted - lead pencil; unfrosted - diamond stylus)
	6.	AFB stain (either kit or stain (prepared at district level))
	7.	distilledwater
	8.	timer withalarm
	9.	spirittlamp
	10.	methanol and spare wicks for lamp
	11.	stainingrack
	12.	slide warming tray (optional)
	13.	dryingrack
	14.	Forceps
	15.	phenolic agents or bleach
	16.	bottle to store 1:10 bleach solutions for that day's use
	17.	sputum collection cups
	18.	specimen transport bags
	19.	4x4gauze
	20.	waterproofmarker
	21.	AFB positive and negative unstained smears
	22.	TB sputum register
	23.	Laboratorylogbook
	24.	red ink pen for positives
	25.	black/blue pen for negatives
Malaria smear	1.	Giemsa stain (either kit or stain (prepared at district level))
	2.	Bench Aid for Diagnosis of Malaria Infection or other job aid
Pregnancy Test	1.	rapid kit
	2.	positive and negative controls (if not provided with kit)
	3.	Urine collection cups
	4.	waterproofmarkers
	5.	timer with alarm
	6.	appropriate pipet/tips if not supplied with kit

Primary Health Centre		
Urine dipstick for sugar and protein	1.	reagent strips
	2.	positive and negative controls
	3.	color interpretive chart
	4.	urine collection cups
	5.	waterproof markers
	6.	pediatric urine collection bags
	7.	timer with alarm
Transport Supplies for referral testing	1.	insulated cool boxes to hold ambient temperature and refrigerated specimens
	2.	transferal list
	3.	transferal log
	4.	system of reporting results from recipient laboratory
	5.	appropriate sending containers and preservatives
	6.	sealable plastic transport bags
Phlebotomy/ fingerstick supplies	1.	lancets
	2.	2x2 gauze
	3.	21 G needles
	4.	23 G needles
	5.	alcohol prep pad
	6.	band aids or paper tape
	7.	safety needle holder and adapter
	8.	butterfly safety assembly
	9.	disposable tourniquets
	10.	EDTA tubes plastic
	11.	red top tubes with clot activator
	12.	pediatric EDTA tubes
	13.	pediatric red top tubes
	14.	betadine prepss
	15.	sharps container

Primary Health Centre		
Safety	1.	safety goggles or glasses
	2.	gloves (small, medium, and/or large) according to staff
	3.	fluid resistant lab coats use within laboratory
	4.	eye wash station or portable dispenser
	5.	ABC fire extinguisher
	6.	hazardous spill kit
	7.	hand soap
	8.	bleach
	9.	papertowels
	10.	disinfectant wipes (optional)
	11.	biohazard receptacle with lid and separate disposable bag inserts to burn
	12.	first aid kit
	13.	sharps container.
Clerical	1.	binders for SOP's
	2.	protectors for SOP's (or laminated SOP's)
	3.	log books for QC and patient data management
	4.	paper
	5.	requisition forms (if separate from request form -result forms)
	6.	adhesivelabels



Annex 9

Forms for Chapter 9: Human Resources

- 9.1 Clinical and counselling training log**
- 9.2 Training log for patient monitoring, laboratory, supply, leadership, quality management**

9.1 Clinical and counselling training log

fill in position and staff initials; next to each training course, indicate code of the course in a circle (course title, organization providing training), duration, and date of training. Continue staff columns on next page- line up across gutter (or produce in A3)

Staff initials					
Basic clinical training in integrated HIV prevention, care and treatment	RN: SG	RN/ midwife: BN	EN: JP	EN:	Lay pro- vider: KJ
Chronic HIV care, ART, prevention with PLHIV (includes clinical staging, cotrimoxazole and INH prophylaxis, how to fill patient HIV care/ART card, intensified TB case finding)	A-IMAI basic HIV-ART; 5 days, Feb 04				
Acute care (when to suspect HIV and TB, OI management)	B; 2 days; Feb 04				
Provider-initiated testing and counselling for clinicians - basic course	F; 1 day; Nov 07				
TB infection control	J; 1 day; June 08				
Universal precautions, PEP and other workplace safety issues					
Follow-on clinical training					
TB-HIV co-management					
IMCI-HIV complementary course (HIV testing, diagnosis and management of OI in children, follow-up)					
Adolescents in HIV care					
PMTCT integrated with improved antenatal and postpartum care					
PMTCT integrated with improved labour and delivery care					
Reproductive choice and family planning for PLHIV					
Syndromic STI management					
Palliative care: symptom management and end-of-life care					
Mental health/neurology					
Brief interventions for hazardous and harmful alcohol use					
Basic counselling training					
Lay counsellor training course (PITC, prevention with PLHIV, post-test support, patient education, adherence counselling, psychosocial support)					
Follow-on counselling training					
Advanced post-test counselling					
Infant feeding counselling and support					
Psychosocial support for children					
Post-rape care					
Working with vulnerable groups (e.g. orphans)					
Brief alcohol interventions					

9.2 Training log for patient monitoring, laboratory, supply, leadership, quality management

fill in position and staff initials; next to each training course, indicate code of the course in a circle (course title, organization providing training), duration, and date of training. Continue staff columns on next page- line up across gutter (or produce in A3)

Staff initials					
Patient monitoring training should include the following key skill:					
Transferring data to registers and completing quarterly report and cohort analysis forms (can be done by data clerk)					
Advanced patient monitoring (how to oversee registers and reports, calculate indicators, and use data for clinical decision-making)					
Supply management					
Drug supply management at first-level facility					
Basic HIV-related laboratory services training to perform and quality assure tests:					
Malaria smear					
Malaria rapid test					
Send TB sputums					
Prepare and read TB sputums					
HIV rapid test					
Syphilis rapid test					
Pregnancy test					
Haemoglobin estimate using WHO Colour Scale					
Haemoglobin using haemoglobinometer (if used)					
Haematocrit					
Urine dipstick for protein and glucose					
CD4: collect blood, prepare for transport					
DBS: collect blood, prepare for transport					
Leadership and management training can include these skills:					
Programme planning					
Financial management					
Mentoring, supervision, staff appraisal					
Monitoring and evaluation					
Supply management					
Facility management, including workplace safety					
Basic quality management training should include the following skills:					
Performance measurement					
Quality improvement					
5 S's at the health centre					
Follow-on quality management training (for head HIV provider/in-charge)					
Comprehensive quality management training					
Facilitating quality improvement at your health centre					
Leading 5 S activities					



Annex 10

Forms for Chapter Ten: Leadership and facility management

- 10.1 Budget sheet**
- 10.2 Cash flow projection sheet**
- 10.3 Urgent response to workplace HIV exposure**
- 10.4 Allotment ledger**
- 10.5 Purchase order/voucher**
- 10.6 Petty cash book**
- 10.7 Cash voucher**
- 10.8 Cash receipt**
- 10.9 Revenue book**
- 10.10 Financial reporting form**

10.1 Budget sheet

Category	Resources Needed	Expenditures				Income		
		Costing Unit	Cost per unit	Number of units	Total Costs	Total income	Donar A	Donar B
Personnel	Nurses	Monthly salary	300	24	7200			
	Driver	Monthly salary	100	12	1200			
			
	SUBTOTAL				8400	8400	3000	5400
Material								
Medical supplies								

10.2. Cash flow projection sheet

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sp	Oct	Nov	Dec
Funds at beginning of month	1000											
Projected Income												
Donor A												
Ministry												
...												
Total Income												
Projected Expenditures												
Salaries												
Equipment												
Medical supplies												
...												
Total Expenditures												
Funds available at end of month*												

* = funds at the beginning of months + total income – total expenditures

10.3 Urgent response to workplace HIV exposure

When a health worker is exposed to HIV through a needlestick or splash of blood or body fluid, the following steps should be taken to ensure their safety.

Step 1: Give first aid

Needle stick exposure or other laceration	After a splash contacts unbroken skin	After a splash contacts the eye	After a splash contacts the mouth
<p>Attend to the injury immediately</p> <p>Do not squeeze the injury site</p> <p>Wash site immediately using soap or a mild solution</p> <p>If running water is not available, clean site with a gel or hand-rub solution</p>	<p>wash the area immediately</p>	<p>Wash the exposed eye immediately with water or normal saline</p> <p>Sit in a chair, tilt the head back and have a colleague gently pour water or normal saline over the eye, pulling eyelids up and down to make sure the eye is cleaned thoroughly</p> <p>If contact lenses are worn, leave them in place while irrigating the eye, as they form a barrier over the eye and will help protect it</p> <p>Once the eye has been cleaned, remove the contact lenses and clean them in the normal manner. This will make them safe to wear again</p>	<p>Spit the fluid out immediately</p> <p>Rinse the mouth thoroughly, using water or saline, and spit again</p> <p>Repeat this process several times</p>
<p><i>Do not</i> use any strong solutions such as bleach or iodine, as these may irritate the wound or skin and make the injury worse</p> <p><i>Do not</i> use soap or disinfectant on the eye or in the mouth</p>			

Step 2: Contact your health centre contact person designated for workplace HIV exposure

Name	Mobile phone	Hours available

Step 3: Determine whether PEP is needed:

**PEP should be available
24 hours a day, seven
days a week**

PEP is needed urgently if **all four conditions** below are present:

- Workplace exposure occurred within 72 hours.
- The exposed person is HIV-negative. If their status is unknown, advise them to take an HIV test.
- You determined there is a high or medium-risk exposure to blood, body tissues, blood-stained fluid and other bodily fluids (see chart below and your clinical guidelines).

How to determine if the exposure warrants PEP

SIGNS	CLASSIFIED AS	TREATMENTS
Puncture or cut with: <ul style="list-style-type: none">■ Large bore hollow needle■ Needle used in source patient's artery or vein■ Deep puncture wound or■ Visible blood on instrument	HIGH RISK EXPOSURE	Offer PEP regimen: <ul style="list-style-type: none">■ 28 days of AZT-3TC or d4T-3TC* Before starting PEP, strongly recommend HIV testing and counselling to the exposed person
<ul style="list-style-type: none">■ Puncture or cut with small bore or solid needle■ Superficial scratch, or■ Splash onto broken skin or mucus membranes	MEDIUM RISK EXPOSURE	Stop PEP if the exposed person is HIV-positive and refer for chronic HIV care
Splash onto intact skin	VERY LOW RISK	PEP not recommended

*See IMAI Chronic HIV Care with ART and Prevention guideline module and your national PEP guidelines for details

Step 4: HIV testing and counselling – confidential and with informed consent

Recommend testing to the source of the exposure if their HIV status is not known.

Recommend testing to the exposed person as soon as possible and before starting PEP.

- If the exposed person is already HIV positive, s/he should not receive PEP, as it can cause ARV resistance which can limit future treatment options. HIV-positive exposed persons should instead be referred for HIV care and possible three-drug ART.

Step 5: Administer PEP as soon as possible

Give a first dose on the health centre, dispense remaining pills and arrange follow-up according to national PEP guidelines.

Step 6: Record the workplace exposure incident in the health centre log book

Contact your district health office for this log book if you do not have one.

10.4 Allotment ledger

Date	Details	Document number	Amount		Debit breakdown					
			Credited (received)	Debited (paid out)	Personnel	Infrastructure	Supplies	Communication	Transport	
1 Jan	Ministry allocation for one month	01	5000							
5 Jan	Salary driver	51		150	150					
8 Jan	Rent premises	52		300						
8 Jan	Paper	53		40		300				
15 Jan	Purchase order laboratory	54		3000				40		
						3000				
1 Feb	Totals		5000	3490	150	3300	40			

10.5 Purchase order/voucher

Purchase Order No. ...	
Date	
Goods	Amount
.....
.....
.....
Authorized by (health centre)	
Cleared by (allotment number)	

10.6 Petty cash book

Date	Details	Document number	Amount		Debit breakdown					
			Credited (received)	Debited (paid out)	Personnel	Infrastructure	Supplies	Communication	Transport	
15 Jan	To imprest	01	50							
16 Jan	Stamps	02		8.40			8.40			
1 Feb	Bus fare	03		5.30					5.30	
3 Feb	Phone recharge	04		10.00			10.00			
27 Feb	Kerosne	05		13.60					13.60	
1 Mar	Sub-totals		50	37.30						
	Balance			12.70						
	Balance brought forward (B/F)		12.70							
1 Mar	To imprest		37.30							
20 Mar	Bus fare	06		5.30					5.30	

10.7 Cash voucher

Petty Cash Voucher No. ...	
Date	
Goods	Amount
.....
.....
.....
Encl. receipt (to be attached)	
Signed (by health worker making purchase)	
Cleared by (manager/finance officer)	

10.8 Cash receipt

Cash receipt No. ...	
Date	
Amount received	for goods/services
.....
.....
.....
Received from:	
Received by:	

10.9 Revenue book

Date	Details	Receipt Number	Amount Received	Transferred to allotment
1 Jan	CD4 Testing	01	20	
2 Jan	ARVs	02	15	
2 Jan	01 Drugs	03	1	
1 Feb	Totals		36	36
	Balance			0
	Balance B/F		0	

10.10 Financial reporting form

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Funds received					
Expenditures by category					
Personnel					
Infrastructure					
Supplies					
Communication					
Transportation					
Total Expenditures					
Balance					



Annex 11

Forms for Chapter Eleven: Quality Improvement (QI)

- 11.1 **Decision matrix: selecting QI projects**
- 11.2 **Quality improvement template**
- 11.3 **QI projects template**

11.1 Decision matrix: selecting QI projects

Purpose: To develop, display and rate your proposed QI projects against several benchmark criteria (you select)

Aim: To prioritize and select a defined number of QI projects to undertake in the next 12 months

Expenditures	Criteria				Potential Impact	Total
	Issue Seen As Important	Realistic Scope	Likelihood of Success			
1.						
2.						
3.						
4.						
5.						
6.						

Sample Decision Matrix

Rank the potential QI projects of each criterion on a scale of 1-5 (5= totally meets criteria)

- Under the column entitled "potential QI Projects", make a list of areas or processes that should be considered for quality improvement projects
- Using a scale from 1-5 (5= totally meets criteria, easily accomplished, very doable), rate each project by using criteria (You may wish to revise the criteria to include other items such as cost)
- Select the project(s) with the highest score to undertake

11.2 Quality improvement template

Health centre:

Service or clinic within health centre:

Aim Statement:

Problem Statement:

Team:

- **Team Leader**
- **Team Members**

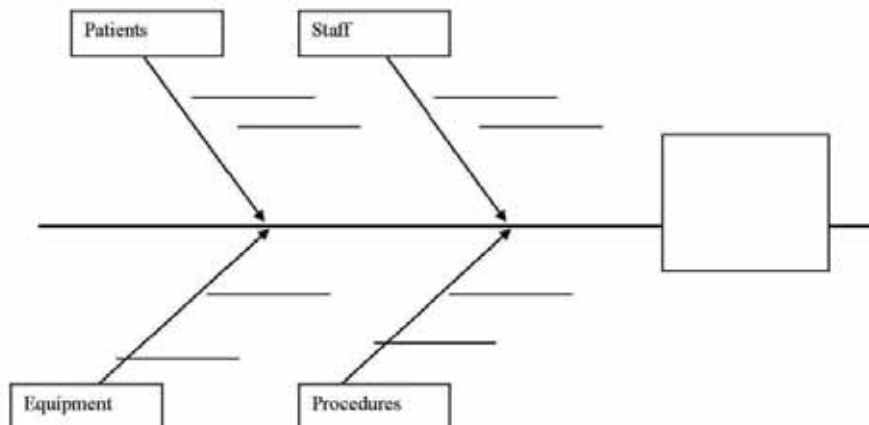
Measurement Description:

Baseline Data:

11.3 QI projects template

Process Evaluation/Root Cause Analysis

Fishbone Diagram: Completed Yes ___ No ___
(See attached)



Flowcharts: Initial Process completed Yes ___ No ___
Revised Process completed Yes ___ No ___

Actions/Interventions:

Follow-up Data:

Status and Future Follow-up:

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