

# USAID AMPATH Uzima



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## Support Supervision Checklist

Version: Jan 2022

### I<sup>st</sup> 95: HIV TESTING SERVICES (HTS)

Facility OPD Optimization		
Expected activity	Finding	Remarks:
Is HTS screening happening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the patient flow integrate with HTS screening ( <i>comment on who does the screening</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is there privacy at the screening point ( <i>assess if the screening point is confidential enough to enable client open up about HIV testing</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have OPD service providers been trained on importance of HTS screening ( <i>discuss with HTS providers, nurses, clinical officers and any other relevant staff at the SDP</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have a system of determining if a client has been screened for HTS ( <i>look out for use screening stamps, documentation in the patient cards for screening outcomes or other innovations</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is HTS screening documented? ( <i>assess documentation in HTS screening registers – including its completeness and accuracy</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> Partial	
Are screening job aids available ( <i>ask to see available screening tools at the screening point – HTS screening tool, TB screening tool and PrEP screening tool</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is it possible to calculate facility HTS screening coverage ( <i>calculate coverage for the last 4 weeks – No. screened as documented in screening register/No. of facility workload as documented in MoH 204 A and B</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>HIV Testing</b>		
Are the testing sites/points well placed in the patient flow ( <i>assess if the testing points/rooms avoid making clients move back and forth in the patient flow for testing services</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are the testing sites/points confidential and spacious enough for HTS provision( <i>assess if the testing points/rooms have enough privacy and space</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are all HTS providers in the facility qualified for HTS provision ( <i>ask to see copies of their training certificates filed in the facility</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is testing documentation well completed ( <i>check for completeness and accuracy of registers MoH 362</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are job aids available and in use at the testing points ( <i>check for well displayed job aids – PT, Testing algorithm, waste management etc.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Are testing kits available at the testing points ( <i>Look for Determine kits, First response and HIVST with right expiry period</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is waste management done well ( <i>look out for three waste bins – Red, yellow and black</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Do the providers understand proper waste segregation/management ( <i>assess through engaging them. Can also check if they have been trained on the same</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>HIV SELF TESTING (HIVST)</b>		
Is HIVST kit distribution done in this facility ( <i>confirm with documentation in HIVST register including completeness</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is HIVST distribution targeted ( <i>check for provision to VCT clients, AGYW, Men, distribution in MCH/PMTCT, index clients</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are clients offered HIVST screened for IPV ( <i>engage providers on how they conduct IPV screening; check documentation for this in the HIVST register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have system for following clients for test results from HIVST ( <i>engage the providers – making calls, agreement with clients at distribution, documentation in the register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Index Testing</b>		

Is index testing offered in this facility ( <i>check if there is documentation in the Index testing/aPNS register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Has this site been assessed for offering Safe and Ethical Index Testing (SEIT) – ( <i>ask for filled site assessment form – engage the providers to determine if they understand what it is</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have all the HTS providers been trained on SEIT – including LIVES ( <i>ask to see training attendance sheets and copies for training certificates – filed at the facility</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have the necessary SOPs supporting provision of SEIT ( <i>ask to see aPNS SOP, Adverse events SOP, IPV SOP – assess providers understanding of the SOPs</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have all positive clients for the period under review been offered index testing ( <i>conduct client level data – name by name – to determine if all the positives are in the index testing register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Do all clients offered index testing services consent before receiving these services ( <i>ask for filled consent forms – sample at least 10 clients</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility offer SEIT to other category of clients other than newly identified positives ( <i>look for documentation for PMTCT, Viremia, Discordant couples clients – some facilities could have a different register for this or subsection in the register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is documentation in the register done well ( <i>look for completeness and accuracy of the register</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> Partial	
Does the facility have lockable cabinets for keeping client information confidentially?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are providers supported to offer SEIT ( <i>assess if they are provided with transport and airtime</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Clinical/OVC Index Testing</b>		
Does the facility have updated master line list for all index clients ( <i>ask for a master line list; calculate % reviewed from the master line list – No. in master line list/Tx_Curr</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have an updated line list for biological children and siblings elicited ( <i>ask to see a line list that accounts for elicited children from the index clients</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is the facility able to calculate its elicited children testing coverage ( <i>Calculate testing coverage – No. of children with known status/No. of children elicited</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have all children living with HIV been enrolled into OVC ( <i>confirm with OVC registers</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Targeted Innovative Testing Strategies</b>		
Does the facility implement innovative targeted testing strategies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Linkage to Care		
Does the facility have system to facilitate linkage to care for those newly identified (could be physical escorts, enrollment at the testing point etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are providers facilitated to ensure 100% linkage of positive clients (engage providers on if they are provided with airtime, transport and any other kind of support)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Is there an active mechanism of determining close follow up for those testing positive for linkage (ask to see an updated positive clients line list)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are all positive clients updated in the referral book (check at the back side of MoH 362 – ascertain client by client for the period under review)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have innovative models for fast tracking linkage process for new positives	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
PrEP		
Does the facility conduct PrEP demand creation activities (e.g. Health talks, community sensitization etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have the staff been trained on PrEP (documented OJT, attendance lists for trainings, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Does the facility conduct targeted PrEP_New initiation approaches – community or facility (men, AGYW, MCH/FP clinics)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility implement PrEP retention mechanisms ( <i>Appointment diary, follow up those missing appointments, reminder calls and texts</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Has the facility embraced and implemented community based PrEP initiations and refills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have PrEP champions as well as PrEP focal persons in the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility have complete and accurate data capture ( <i>MoH 266, MoH 267, Encounter forms</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>QA In HIV Testing</b>		
Have all HTS providers participated in Proficiency Testing with satisfactory results ( <i>ask to see filed PT results for each provider</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have all providers been observed while providing services for support by a qualified supervisor ( <i>ask to see documented observed practice forms</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Have all providers participated in counselor support supervision ( <i>ask for attendance sheets for support supervision</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Have all providers been refreshed annually on HTS and HTS related areas ( <i>attendance sheets for the refresher training</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
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**2<sup>nd</sup> and 3<sup>rd</sup> 95s**

Focus area	Expected activity	Finding	Remarks:
<b>Identification of missed appointments</b>	Is the Appointment Diary maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is the Defaulter Tracking Register up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	How are patients who miss their refills identified? (DAR/ADT) reports		
	Is facilitation including airtime, transport provided on time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Follow-up for IIT</b>	Is the facility FMATT tool updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	How often is IIT data reviewed?	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other	
	Is the facility patient master list up to date	<input type="checkbox"/> Yes <input type="checkbox"/>	



		<input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is there documentation of the outcomes of tracking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Does facility document reasons for defaulting upon RTT?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>DSD</b>	Does facility have procedures/SOPs for identifying and transitioning patients to DSD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Does facility have current DSD cascade data at hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	What percentage of eligible clients have been moved to DSD?		
	What percentage of DSD clients are on community DSD?		
	What percentage of patients are in PSSG groups		
	What male-friendly services are provided		
	How does facility document male-friendly services?		
	What number and percentage of males are currently active in male-friendly services		
<b>VL testing uptake</b>	How does facility identify and flag patients for VL testing?		
	Is list of clients due for VL testing updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		<input type="checkbox"/> Partial	
	Is there evidence for VL testing for pediatric clients 6 monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Viral suppression</b>	Is the line list for unsuppressed clients updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is the STF/High VL register updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is there evidence that VL suppression data is routinely analyzed to guide intervention strategies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is case management for unsuppressed clients routinely done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	Is facility documenting outcomes for unsuppressed clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	What percentage of unsuppressed clients are resuppressing post intervention		
	What percentage of high 2 <sup>nd</sup> VL clients are transitioned to new regimen?		

## TB SECTION

Expected activity	Finding	Remarks:
Is TB screening happening (ACF)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
What is the facility coverage? (How many client are screened out of facility workload) use percentages (workload/screened).	<input type="checkbox"/> V. Good >80% <input type="checkbox"/> Good >60% <input type="checkbox"/> Poor < 60%	
What is the level of TB case detection (index of suspension) this varies with SDP being visited and the type of patient.	<input type="checkbox"/> V. Good 10-15% <input type="checkbox"/> Good 5-10% <input type="checkbox"/> Below average <4%	
Are the following ACF tools available in all SDPs <ul style="list-style-type: none"> <li>• presumptive register</li> <li>• Lab request forms</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Review the presumptive TB register: Are they up-to-date? • <b>Are presumed cases tested for HIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are all presumptive client investigated (gen expert, CXR or any other modality. Give percentage	<input type="checkbox"/> >90-100- excellent <input type="checkbox"/> >70% good <input type="checkbox"/> >50% average <input type="checkbox"/> <50% poor	
Find out sputum TAT and describe the sample network in place.		
<b>Collaborative TB-HIV Services</b>		
Is TB –HIV integration in place (do we have clinic days? Are co-infected patients reviewed together?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do we have presumptive register/ lab request forms in CCC and well documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Review the TB 4 register & IPT register (well documented, sputum follow up, client out comes).		
• Indicator #1: No. of TB cases notified this month/Quarter.		

<ul style="list-style-type: none"> <li>• Indicator #2: Proportion of TB patients with known HIV result: _____</li> <li>• Indicator #3: Proportion of TB cases with an HIV result that is positive: _____</li> <li>• Indicator #4: Proportion of HIV-positive TB cases on CPT: _____</li> <li>• Indicator #5: Proportion of HIV-positive TB cases on AR</li> </ul>		
<b>TPT register/POCs</b>		
<ul style="list-style-type: none"> <li>• Indicator #6: Proportion of HIV positive clients screened for TB.</li> <li>• Indicator #6 Proportion of HIV positive clients screened Neg for TB _____</li> <li>• Indicator #7: Proportion of HIV positive client started <b>TPT</b> _</li> <li>• Indicator #: No of client expected to complete TPT this month/Quarter</li> <li>• Indicator #8: Proportion of client who completed TPT this month/Quarter</li> </ul>		
<b>Infection Control with Focal</b>		
Do we have IPC committee in the facility with focal person?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	
Is the committee active (minutes for last meetings held, trainings on IPC, Work plan displayed)	<input type="checkbox"/> Yes <input type="checkbox"/> No.	
Are N95 respirators available:	<input type="checkbox"/> Yes <input type="checkbox"/> No.	
Are health workers screened for TB: how often and how is screening done (Prove)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you manage coughing patients? Do we have designated place for sputum collection?		

## PMTCT ESCTION

HIV testing uptake @ANC and post ANCI		
Expected activity	Finding	Remarks:
Does the facility maintain a line list of pregnant and breastfeeding mothers who missed HIV testing at 1 <sup>st</sup> ANC, 3 <sup>rd</sup> Trimester, Maternity and post-natal at 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are there efforts to follow-up line listed clients? <i>Review uptake of testing post ANCI and sample clients who are reported to have received testing.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are testing kits available at the testing points (Look for Duo test kits, Determine kits, First response and HIVST with right expiry period)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility offer HIV testing during delivery?  <i>Check documentation in the register and ask unit staff how they ensure testing is consistent (including nights and weekends).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Are there any missed testing opportunities for testing at L&D? <i>How does the facility cover for testing during weekends and at night for high and mid-volume sites where HTS counselors support testing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
EID Testing Uptake		
Does the facility support EID services (collection of samples)? <ul style="list-style-type: none"> <li>If yes, is the primary tool (<i>Sample and Results Tracking PCR Log Ver01 June 2018</i>) in use and fully documented?</li> <li>Is the tool fully documented and used for reporting: <i>Check accuracy of documenting HEI #, PCR coding, age of HEI in weeks, TAT.</i></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Count and compare the number of 1 <sup>st</sup> PCR and PCR positive in the last 6 months & use the findings to provide mentorship to facility team.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility conduct effective HEI audits? <i>Confirm if the HEI audit template is available to the site/program staff and fully updated. To assess</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

effectiveness, confirm whether action points from HEI audits done in the last 1 year have been actioned.	<input type="checkbox"/> Partial	
<p>Compute EID coverage &lt;2m and uptake &lt;2m for the facility in the last 2 quarters. Support the facility to compute and use uptake and coverage to monitor performance.</p> <ul style="list-style-type: none"> <li><b>EID uptake &lt;2m:</b> numerator = # of 1<sup>st</sup> PCR done within 2m, denominator = total # of PCRs done during the period</li> <li><b>EID coverage &lt;2m:</b> numerator = # of 1<sup>st</sup> PCR done within 2m, denominator = total # of women tested positive @ANC &amp; post ANCI during the period</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Compute the facility HEI positivity trends in the last 4 quarters and use the trend to provide mentorship.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<p>Does the facility conduct HEI screening at CWC?</p> <ul style="list-style-type: none"> <li>Count post-natal mothers who came to facility in the previous quarter for Penta 1 (Immunization Reg or Post-natal Register) and confirm if testing was offered during the visit. (Post-natal testing uptake @ PNC is a proxy of screening (identification) for HEIs)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Viral uptake &amp; suppression</b>		
<p>Does the MCH maintain the VL calendar for PMTCT women on care?</p> <p><i>This can be a line list maintained with women due for VL clearly marked. Check for completeness and whether it is up to date</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<p>Does the facility track VLs done with up-to-date documentation? Check the VL Log for completeness of documentation, tracking of TATs and coordination of results from lab to the facility to avoid delays.</p> <ul style="list-style-type: none"> <li>Compute VL coverage for PBFW who have been on care for the last 1 year (numerator=total # of women with valid VL (received VL within the last 6 months, denominator = total # of PMTCT women on ART in the last 1 year)</li> <li>Use findings from VL coverage above to provide mentorship.</li> <li>Count the # of VLs done in the previous quarter and compare with AMEP report.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility prioritize baseline VL for new ANC known positives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

What's the suppression rates for PMTCT women in the last 1 year?		
Review MDT notes for completeness and follow-up of action areas.		
How many infected children under 2 years are receiving care in the facility? <i>Review unsuppressed patients to tease out cause of un-suppression. Check availability and use of EAC to enhance support for unsuppressed mothers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>Retention in PMTCT cascade</b>		
Do the mentor mothers maintain and update the Appointment Diary and Defaulter Tracking Register? <i>Sample 10 clients who missed appointment in the Diary and counter check if they were appropriately documented on the Defaulter Tracking Register.</i> <ul style="list-style-type: none"> <li>No. of PMTCT women active on care</li> <li>No. of PMTCT women who have defaulted</li> <li>No. who are LTFU</li> <li>No of mentor mothers support PMTCT service on the site</li> </ul> Sample 50% of women missing appointments and review the Def. Tracking Register and their charts to understand action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility keep track of defaulting tracking progress using FMATT dashboard?		
<b>PrEP Screening &amp; initiation @MCH</b>		
Does the MCH unit conduct risk screening for PBFW and document on ANC/PNC register?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
What is the screening coverage rate for women attending 1 <sup>st</sup> ANC? <i>This is useful to assess effectiveness of assessment done.</i>  <i>Identify gaps in the process of screening, initiation and ensure retention and provide mentorship</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
What is the risk rate among women screened? <ul style="list-style-type: none"> <li>No. of women screened in last 3 months</li> <li>No. identified to be at risk in the last 3 months</li> <li>No. initiated on PrEP in the last 3 months</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Are demand creation strategies implemented on site to improve uptake of PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Count and compare the # of PrEP done in the previous quarter and compare with AMEP report.		
<b>PMTCT-OVC Integration</b>		
Does the facility maintain a line lists of <ul style="list-style-type: none"> <li>• HEIs</li> <li>• HIV negative pregnant and breastfeeding adolescents</li> <li>• HIV negative pregnant and breastfeeding adolescents</li> </ul> Check the line lists for correct version of tool, completeness and accuracy of documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility conduct risk assessment for HIV negative adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
What is the proportion of clients eligible for PMTCT-OVC enrolment who have been enrolled for OVC support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Does the facility convene PMTCT and OVC meetings to review performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<b>MCH/PMTCT Data Review</b>		
Has the facility conducted MCH specific data review in the last 1 month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
How frequently does the facility review their data?  Review the minutes of two previous meetings to assess whether MCH reviews cover all ANC and PMTCT cascade, FP screening and uptake, Cervical cancer screening and uptake, and PrEP Screening & initiation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	



## **CERVICAL CANCER SCREENING SECTION**

Focus area	Expected activity	Finding	Remarks
Demand creation	How are clients informed about screening for Cervical Cancer?	Enlist- 1. _____ 2. _____ 3. _____ 4. _____ _____	Indicate frequency of any methods utilized.
Capacity Building	a. Are staff trained on VIA/VILI screening?	Yes- <input type="checkbox"/>  No- <input type="checkbox"/>	How many?
	b. Is OJT done by RH Coordinators?	Yes- <input type="checkbox"/>  No- <input type="checkbox"/>	How frequently?
	c. Does facility have IEC materials e.g VIA/VILLI interpretation charts at designated screening points?	Yes- <input type="checkbox"/>  No- <input type="checkbox"/>	
Service provision	d. Where is screening done from?	Indicate location(s)- 1. _____ 2. _____ 3. _____	
	e. How many screening points does facility have?	Indicate number- _____	Indicate locations _____

	f. How many WLHIV (25-49 years) attended their appointments during previous month?	Indicate number-																							
	g. How many WLHIV were screened (first time) and rescreened (yearly routine) during previous month?	Indicate number-																							
	h. At what point during the facility visit do women get screened?	Outline workflow-																							
Provision of supplies and equipment.	Indicate availability of VIA/VILLI screening commodities and equipment (tick against available item).	<table border="1"> <thead> <tr> <th>Item</th><th>Indicate if available</th></tr> </thead> <tbody> <tr> <td>White vinegar/acetic acid (3%-5%)</td><td></td></tr> <tr> <td>Lugols iodine (3.5%)</td><td></td></tr> <tr> <td>Orange sticks/wooden applicator sticks</td><td></td></tr> <tr> <td>Cotton wool</td><td></td></tr> <tr> <td>Metallic vaginal speculum</td><td></td></tr> <tr> <td>Autoclave machine</td><td></td></tr> <tr> <td>Disposable vaginal speculums</td><td></td></tr> <tr> <td>Examination gloves</td><td></td></tr> <tr> <td>Halogen torch/headlamps</td><td></td></tr> <tr> <td>Examination couch</td><td></td></tr> </tbody> </table>	Item	Indicate if available	White vinegar/acetic acid (3%-5%)		Lugols iodine (3.5%)		Orange sticks/wooden applicator sticks		Cotton wool		Metallic vaginal speculum		Autoclave machine		Disposable vaginal speculums		Examination gloves		Halogen torch/headlamps		Examination couch		
Item	Indicate if available																								
White vinegar/acetic acid (3%-5%)																									
Lugols iodine (3.5%)																									
Orange sticks/wooden applicator sticks																									
Cotton wool																									
Metallic vaginal speculum																									
Autoclave machine																									
Disposable vaginal speculums																									
Examination gloves																									
Halogen torch/headlamps																									
Examination couch																									
Treatment and linkage	Does this facility offer treatment services?	<p>Yes- <input type="checkbox"/></p> <p>1. Is Nitrous oxide gas available?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Is a functional Cryotherapy machine available?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																							
		No- <input type="checkbox"/>																							

		Where are VIA positive clients referred to?	
		What does referring facility do to ensure efficient referral process?  1. _____ 2. _____ 3. _____ 4. _____ 5. _____ _____	
		How soon after referral does facility follow-up to confirm whether client was treated?	
Reporting	Are current (MOH 412) reporting tools available?	Yes- <input type="checkbox"/>  No <input type="checkbox"/>	

## **GBV SECTION**

Expected activity	Finding	Remarks
<b>I. Staff capacity:</b> <b>Do the staff in this facility have the capacity to provide GBV services ?</b> Check: <ul style="list-style-type: none"> <li>● If all staff have been sensitized on GEND - GBV ( <i>When sensitized,, list of attendance, mode of sensitization</i>)</li> <li>● If facility has a GBV focal person</li> <li>● If GBV service providers are trained to screen, refer and care for those who have experienced violence - LIVES</li> <li>● Are they conversant with the various types of GBV?</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Partial	

<ul style="list-style-type: none"> <li>● An SGBV algorithm with <i>current</i> PEP regimen ( <i>confirm regimen prior to visit</i>)</li> </ul>		
<p><b>2. Screening:</b>  <b>Is screening for GBV actually happening at this facility?</b>  <b>Check the following :</b></p> <ul style="list-style-type: none"> <li>● Availability of GBV screening questions and protocol ( pathways) at <b>all</b> the following service provision points - <b>OPD, HTS, CCC, OVC, MCH</b></li> <li>● Availability of GBV Posters in clinics/waiting rooms - IEC materials</li> </ul> <p><b>NB: Confirm actual documentation of survivors screened at each of the service delivery points</b></p>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Partial</div>	
<p><b>3. Services to survivors of GBV:</b></p> <p><b>Do survivors of GBV receive the full minimum package of care?</b></p> <p><b>Confirm the following services are provided:</b></p> <ul style="list-style-type: none"> <li>● Treatment of physical injuries - <i>with documentation</i></li> <li>● Rapid HIV testing - <i>with documentation</i></li> <li>● STI screening and treatment - <i>with documentation</i></li> <li>● Counseling - <i>with documentation</i></li> <li>● PEP within 72 hours - <i>with documentation</i></li> <li>● Completion of PEP - <i>with documentation</i></li> <li>● Emergency contraceptives within 120 hours - <i>with documentation</i></li> <li>● Referrals: Accessibility to post GBV services - legal, psychological, shelter etc. - <i>with documentation</i></li> </ul>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Partial</div>	
<p><b>4. GBV data collection, storage, reporting and use. Is the collection, storage and handling of GBV data satisfactory at this facility?</b></p>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Partially</div>	

<p><b>I. Are GBV tools available? Confirm:</b></p> <ul style="list-style-type: none"> <li>● Data collection tools: MOH 363 (i.e PRC - Post Rape Care form) , MOH 365 ( GBV register)</li> <li>● Summary Tools: 711, 705 , MOH 364 (SGBV Monthly summary)</li> <li>● Referral Tools for services outside the facility. See <i>feedback information on referral forms</i></li> <li>● Are the tools correctly filled?</li> <li>● If tools are well maintained</li> <li>● If have current version of register - 2018 onwards</li> </ul>		
<p><b>II. Confidentiality. Are the tools stored in a secure and confidential way?</b></p> <p><i>Find out:</i></p> <ul style="list-style-type: none"> <li>● Storage when not in use - if kept in a lockable place.</li> <li>● Who has access to tools and data - authorized persons</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Partially</p>	
<p><b>III. Reporting</b></p> <p><b>Is reporting timely and well characterized?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● If summary tools (MOH 705 A &amp; B, 711 &amp; 365) are correctly filled and capture reports for the previous month</li> <li>● If the report is compiled monthly at least before 5<sup>th</sup> of a new month</li> <li>● If forms of violence (sexual, physical/emotional and IPV ) are characterized</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Partially</p>	

<p><b>IV. Data use: Is GBV data used for improvement of services?</b></p> <p><b>Check :</b></p> <ul style="list-style-type: none"> <li>● Awareness of facility GBV targets (sexual violence and physical/emotional violence's)</li> <li>● If facility data reviews incorporate GBV performance</li> <li>● If there is a work improvement team /responsible person focusing on improving GBV services</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
<p><b>5. Partnership: Is there partnership with community agencies and other service providers outside the facility?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● If there are other partners providing GBV services at facility and if there is collaboration</li> <li>● If there is a link desk/link person at the facility</li> <li>● If there is a directory for community service providers/ GBV Directory</li> <li>● If there is collaboration with Police department, Gender &amp; Social services? Children protection services, Legal frameworks</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
<p><b>6. Accessibility: Are services accessible 24hrs a day including weekends?</b></p> <p>Also see if there a system to waive fee for clients who are unable to pay for services at the facility</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<p align="center"><b>Quality Improvement</b></p>		
<p><b>I) QI Structures: Do we have functional QI systems?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p><b>Check</b></p> <ul style="list-style-type: none"> <li>● If the facility has a QI focal person</li> <li>● If the facility has an updated ( FY 22) QI plan with priority areas across the 95, 95, 95 cascade</li> <li>● If there is a QIT which reviews performances across the priority indicators</li> <li>● If there are work implementation teams/ or responsible persons focusing on specific indicators across the cascade ( indicator specific WITS of responsible persons)</li> <li>● If teams have set improvement goals/targets, meet regularly to review performance, conduct timely root cause analyses and track interventions for outcomes (Review minutes for consistency, talking walls etc.)</li> </ul>	<div> <input type="checkbox"/> </div> <div>Partial</div>	
<p><b>2) Supportive supervision: Are recommendations from supervision visits usually implemented as agreed upon?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● How findings documented at this facility for consumption by supervisors and facilities</li> <li>● If there has there been supervision by MOH or Program, or both in the past one month</li> <li>● Actioning recommendations: review supervision records for the last 3 months. Have recommendations been effected as agreed upon</li> </ul>	<div> <input type="checkbox"/> </div> <div>Yes</div> <div> <input type="checkbox"/> </div> <div>No</div> <div> <input type="checkbox"/> </div> <div>Partial</div>	
<p><b>3) QA: SIMS and clinical audits routinely done?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● Has SIMS (Facility &amp; Community OVC) been conducted for this facility</li> </ul>	<div> <input type="checkbox"/> </div> <div>Yes</div> <div> <input type="checkbox"/> </div> <div>No</div> <div> <input type="checkbox"/> </div> <div>Partial</div>	

<p>in the past one year? Review dash board and scores</p> <ul style="list-style-type: none"> <li>● If targeted follow up done on areas which did not meet expectations</li> <li>● Are there other clinical audits other than SIMS happening here? E.g. Mortality audits, random file audits, HEI audits, LTFU root cause audit - <b>Review documentations</b></li> </ul>		
<p><b>4) Waste Management: Is facility waste well managed?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● Segregation at point of production into appropriate color coded containers</li> <li>● Job aids / signage on segregation</li> <li>● WHO approved sharp containers - awareness of disposal guidelines (<i>when 3/4s full</i>)? How are sharps disposed if facility have no incinerator? - <i>should be safely transported for incineration</i></li> <li>● Is there a functional placenta pit at facility?</li> <li>● Open pit - if the right waste is disposed there (<i>not sharps/needles</i>)</li> <li>● Security of incineration / burning area: Safety from community and animals - has a fence and is well locked at all times.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
<p><b>5) Client's satisfaction and engagement: Are mechanisms for getting feedback from clients and the community towards bettering care?</b></p> <p><b>Check:</b></p> <ul style="list-style-type: none"> <li>● If facility has patient's rights and nondiscrimination informing policy documents displayed at areas which are visible to clients attending especially the CCC, HTS, Lab</li> <li>● If there are confidential ways for clients to give feedback</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	



<ul style="list-style-type: none"> <li>● Toll free line, Telephone number</li> <li>● Suggestion boxes - if functional &amp; how are they managed. Lockable? Who keeps key(s), how regularly opened? Writing material available?</li> <li>● Exit surveys - see tools and if any assistance needed</li> <li>● If appointment cards have clinic phone numbers on them - sample a few from clients</li> <li>● Mechanisms for handling disputes, concerns feedback from clients. Review documentation of feedbacks and resolutions</li> </ul>		
6) <b>Program Visibility: Is there any form of visibility on services supported through USAID at this facility</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

### Convene a feedback meeting with facility team at the end of the visit

- Provide balanced feedback based on the data in the summary tables.
- Discuss performance as reflected by the indicator values in the summary tables, identify strengths and weaknesses/challenges and include any additional issues from observations that were made during the visit.
- Discuss the way forward with the facility team and agree on the action points that you then record into the table below.
- Provide the feedback table in two copies: the 1st copy remains in the facility and the 2nd copy is kept and filed for preparation of the next visit.

Strengths	Weakness/Areas of improvement

Action points to address the challenges/weakness identified and to be followed up.		
ACTION Point	Responsible person	Timeline

Names of Staff who participated in the supervision		
Name	Cadre	Department
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.		
10.		

Supervisor Names		
Name	Cadre	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		