**Working Definitions for Minimum Requirements Tool**

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| **Variable** | **Definition** |
| **1.1 Does the facility use unique identifiers for patients?** | This indicator is looking for ID that are unique to SA as a whole, not the facility level (i.e. HPRS). |
| **1.2 Does the facility assign staff (e.g. nurses, counselors) to screen for HIV test eligibility at triage?** | This indicator is looking to identify if screening is integrated at the first point of patient contact. Triage is central and all patients must pass through this. If no triage exists, screening of all patients should occur at the point where vital signs are taken. |
| **1.3 Has the facility implemented a tracking and tracing cohort tool that captures patient outcomes?** | This refers to patient outcomes at the final point, i.e. whether or not they returned to the facility after tracking/tracing (i.e. confirmed in Tier.net). |
| **1.4 Does the facility have access to the Lab Tracker and are all sites receiving Results for Action?** | This is to clarify if the providers have access to patient results online from within the facility. |
| **1.5 Does the facility use a fast-tracking system for traced patients that have returned to the facility?** | Is there a system in place to allow return patients that have been non-adherent to access care directly and bypass a long wait? |
| **2.1 Does the facility have all required clinical stationary available?** | This indicator refers to stationary provided by the NDOH. Partners may provide stationary, but this is to specifically track provision by NDOH. |
| **2.2 Does the facility dispense 3 months of ART for all stable patients on ART for longer than 6 months?** | Some clinics, especially in the Gauteng province, may be providing a 2 month supply. Even if this is standard for the facility and the policy for the region, this would still be answered as a “NO”. We are negotiating with NDOH to provide 3-month prescriptions in the near future. |
| **2.3 Does the facility have sufficient ARV stocks at all distribution points, including CCMDD pick-up points?** | Please query if they have available 1st line and 2nd line ARVs including adult and pediatric formulations (please reference annex with formulations – 2016 ARV guidelines before July/2019 ARV guidelines from August). |
| **2.4 Has the facility had sufficient TPT stocks consistently for the last 3 months?** | This indicator refers to stock supplied by national systems. If partners are procuring, please list this as a no. |
| **3.1 Does the facility have room(s) for confidential HTS?** | Is there a specific private space where HIV testing services can be provided in each sector (i.e. Acute, chronic, MCH, and ideally accident/emergency)? |
| **3.2 Does the facility have connectivity and space for data capturing?** | This indicator looks both at space in the facility for capturing data and connectivity. If either connectivity or space is inadequate, answer as “NO” and note issue on facility recommendations tracker. |
| **3.3 Does the facility have an adequate file management system?** | To assess an adequate file management -- you may query if they were to look for 10 charts, how many would the find. If it is less than 10 then you have an inadequate file management system. |
| **4.1 Are all DOH staff aware of daily targets, as described in the Provincial Circular?** | This indicator refers to all levels of staff, counselors, nurses etc. |
| **4.2 Are all staff (including DOH) reaching at least 80% of their daily targets?** | To meet this indicator, all staff must reach 80% of their daily targets -- each cadre and each individual. |
| **4.2 Does the facility have the presence of a full-time OM?** | Does the facility have a full time facility manager? |
| **4.3 Does the facility have a DOH vacancy rate of less than 25%?** | To calculate this indicator - the facility manager can tell you the categories of staff they have and what is vacant. |

*Updated May 29, 2019*