

# ASSESSMENT OF PUBLIC FACILITIES FOR READINESS TO DELIVER ANTIRETROVIRAL THERAPY

Hospital/ Clinic \_\_\_\_\_ Date \_\_\_\_\_

## General:

A written plan of how to deliver ART is made and understood by the Clinic team (one page maximum, to be available on the day of assessment)

Patient Flow Described

Yes  No  Discussed

Service days Specified

Yes  No  Discussed

Days between Group counselling and Initiation

All hospital / clinic staff are briefed about the delivery of ARV therapy

Yes  No

## HTC Service:

\*\*There is a service for providing counselling and HIV testing, or if not conducted in the hospital or clinic there is a mechanism of being able to refer clients and patients to /from a HTC service

Yes  No

Counsellors working in the clinic/ hospital are briefed in ARV therapy

Yes  No

Dedicated room for HTC available at the HTC site

Yes  No

National standard HTC register available at the HTC site

Yes  No

HIV test kits stock card available at the HTC site

Yes  No

Infection prevention measures observed at all times

Yes  No

## HIV / ARV Clinic

Dedicated room available for HIV/ART services

Yes  No

Is the room well equipped? (Check for the following)

\*\*Chairs Yes  No

\*\*Table Yes  No

Exam. Couch Yes  No

Hand washing facility/ water source  
Yes  No

\*\*Weighing scales/Height measurement available Yes  No

\*\*Basic clinical equipment (BP machine, thermometer etc) Yes  No

Demo penis, male & female condoms available Yes  No

Copies of National ARV Treatment and HIV – Related Disease Guidelines present in HIV / ARV room.

Yes  No  To be brought

\*\*The clinician/MA (and the nurse if available) is trained and certified in ART, certificates available

Yes  No

Group counselling session plan is in place

Yes  No

\*\*Drug security issues have been considered, and an appropriate plan is in place

Yes  No

Methods to book new clients are agreed and understood

Yes  No

### **ANC Clinic**

Number of nurses working in the ANC clinic.....

ANC (integrated) registers available

Yes  No

Referral forms for supportive services available

Yes  No

Infection prevention measures observed at all times

Yes  No

### **Pharmacy: (if ARV drugs are being dispensed)**

\*\*Pharmacy secure with burglar bars/ and security locks

Yes  No

Pharmacy has secure room for ARV drugs

Yes  No

Adequate space for storage of ART drugs

Yes  No

**Decision on readiness**

.....Hospital/Health centre has qualified as stand alone ART delivery site.

**Assessment performed by:**

Name.....Signature.....

Name.....Signature.....

Name.....Signature.....

Name.....Signature.....

**District Health Officer:**

Name.....Signature.....

***\*\* If no on any of the question the clinic does not qualify automatically  
If no on other sections the clinic can qualify after remedial action is discussed and agreed upon***