



### 1.0 - Adult Care and Treatment Indicators

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
1.1	(Service coverage)	HIV infected patients in care should have at least 2 Clinical visits, 3 months apart during the 6 months review period.	100%	% patients in care with 2 or more visits, 3 months apart during the 6 months review period	Number of HIV-infected patients in care and had at least two Clinical visits, 3 months apart during the 6 months review period		Patients in care includes both Pre-ART and ART patients
1.2	Monitoring - CD4 (Service Coverage)	HIV infected patients in care should have a CD4 assessment every 6 months.		% of HIV infected patients in care with at least one CD4 count during the 6 month review period	period	Number of HIV-infected patients in care with at least one HIV Clinical visit during the 6 months review period	If facility has access to routine VL, then they can modify this indicator to only track 6-monthly CD4s among Pre-ART patients.
1.3	(Quality of care)	HIV infected patients with either CD4<500, WHO Stage 3 or 4, TB-coinfection, HBV-coinfection, or in a discordant relationship should be initated on ART	100%	% eligible patients initiated on ART	Number of ART eligible patients initiated on ART during the 6 months review period	Number of HIV-infected patients who were not on ART at the beginning of the review period with at least one HIV Clinical visit during the 6 months review period who met at least one of the eligibility criteria for ART in the 6 month review period.	Criteria subject to approval of revised guidelines.
BOTH METON	Viral Load	HIV infected patients on ART should have at least one viral load (VL) assessment every year	100%	% of patients on ART with at least one VL result during the last 12 months	review period with at	Number of HIV-infected patients on ART with at least one Clinical visit during the 6 months review period who have been on ART for at least 12 months by the end of the review period.	Subject to approval of VL Policy.
1.5	Monitoring - Viral Load supression	HIV infected patients should have suppressed VL after at least 12 months of being on ART.	100%	% of patients on ART for at least 6 months with VL suppression	Number of patients on ART for at least 12 months by the end of the review period who have VL < 1,000 copies on their most recent VL result	Number of patients on ART for at least 12 months by the end of the review period with at least one VL result	Subject to approval of VL Policy.





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1.6	TB Screening (Service coverage)	All HIV infected patients should be screened for clinical symptoms of TB at every clinic visit.	100%	W	clinical visit using ICF card	Number of HIV-infected patients currently NOT on anti TB treatment with at least one HIV Clinical visit during the 6 months review period.	
1.7	TB IPT (Service coverage)	HIV infected patients who screen negative using ICF card for clinical symptoms of TB should be initiated on IPT for 6 months with a 2 year interval after completing a 6 month IPT course.	100%	% of patients eligible for IPT who were initiated on IPT	Number of patients with negative TB screen who have not had IPT in the past 2 years who were put on IPT	Number of patients who have not had IPT within the last 2 year, with a negative TB screen at the last clinic visit during the 6 months review period.	
1.8	Nutritional Assessment (Service coverage)	HIV positive clients should receive nutritional status assessment (BMI MUAC) at every clinic visit	100%	% of patients with Nutritional assessment at the last clinic visit	Number of patients who had a nutritional assessment (MUAC,BMI) at the last clinic visit during the 6 months review period)	Number of HIV-infected patients with at least one HIV Clinical visit during the 6 months review period	
1.9	Nutritional Support (Service coverage)	HIV positive clients who are classified as malnourished should receive nutritional support	100%	% of patients eligible for nutritional support and who received nutritional support	Number of patients who meet criteria for nutritional support who received nutritional support	Number of patients who meet the criteria for nutritional support (BMI < 18.5 in adult or MUAC< 23cm) at the last clinic visit during the 6 months review period	





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SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
1.10	Testing (Service	HIV infected patients should have their partner(s) tested for HIV	100%	The second secon	ACTOR AND ADDRESS OF A STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA	Number of HIV-infected patients with at least one HIV clinic visit during the 6 months review period who have at least one partner	All partners of the client must be tested to fit the criteria (be part of the numerator).
1.11		HIV infected patients should have their children tested for HIV	100%	% of patients whose children have been tested for HIV or have known positive status	Number of HIV infected patients whose children have at least one HIV test result during the last 12 months or have a known positive status.	Number of HIV-infected patients with at least one HIV clinic visit during the 6 months review period who have at least one child or other minor under the care of the patient.	All children/minors under the care of the patient must be tested to fit the criteria (be part of the numerator).
1.12	Health (Family planning	HIV infected non- pregnant women age 15-49 years should be on modern contraceptive methods	100%	% non-pregnant women patients who are on modern contraceptive methods during the review period	Number of HIV-infected non pregnant women age 15-49 years who are on modern contraceptive methods during the review period	Number of HIV infected, Non Pregnant women age 15 – 49 years with at least one HIV Clinical visit during the 6 months review period	This indicator needs to be carefully interpreted as some of the women in the denominator may include women who are trying to conceive or who are using natural FP methods or who are not sexually active. Modern contraceptive methods include: Condoms, Oral contraceptive pills, injectable, implant, IUD, diaphragm, tubal
1.13	Health (Ca Cx screening Service coverage)	HIV infected non- pregnant women age 18 to 65 years should be screened for cervical cancer every 12 months	100%		Number of HIV-infected non pregnant women age 18 to 65 years who have been screened for cervical cancer in the last 12 months	Number of HIV infected, Non Pregnant women age 18 to 65 years with at least one HIV Clinical visit during the 6 months review period (Excluding women currently being treated for cervical cancer)	ligation, vasectomy.





### 2.0 - Paediatric Care and treatment

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
2.1	Retention in care	HIV infected patients in care should have at least 2 HIV Clinical visits, 3 months apart during the 6 months review period.	100%	% patients in care with 2 or more visits, 3 months apart during the 6 month review period	Number of HIV-infected patients in care and had at least two Clinical visits, 3 months apart during the 6 months review period	Number of HIV-infected patients in care with at least one HIV Clinical visit during the 6 months review period [Exclusions: new IN CARE in months 4-6, transferred out OR died in month 1)]	
2.2	HIV Monitoring - CD4 (Service Coverage)	HIV infected patients in care should have a CD4 assessment every 6 months.	100%	% of HIV infected patients in care with at least one CD4 count during the 6 month review period	Number of HIV infected patients in care with at least one CD4 count (results available) during the 6 months review period	Number of HIV-infected patients in care with at least one HIV Clinical visit during the 6 months review period	If facility has access to routine VL, then they can modify this indicator to only track 6-monthly CD4s among Pre-ART patients.
2.3	ART Initiation (Quality of care)	HIV infected children meeting the following criteria should be initiated on ART: Below 10 years regardless of CD4 and clinical stage; Above 10 years with either CD4<500 OR WHO Stage 3 or 4 OR TB-coinfection OR HBV- coinfection.	100%	% eligible patients initiated on ART	Number of ART eligible patients initiated on ART during the 6 months review period	Number of HIV-infected patients who were not on ART at the beginning of the review period with at least one HIV Clinical visit during the 6 months review period who meet at least one of the eligibility criteria for ART.	Criteria subject to approval of revised guidelines.
2.4	HIV Monitoring -Viral Load (Service Coverage)	HIV infected patients on ART should have at least one VL assessment every year	100%	% of patients on ART with at least one VL result during the last 12 months;	Number of patients on ART for at least 6 months by the end of the review period with at least one VL result during the last 12 months;	Number of HIV-infected patients on ART with at least one HIV Clinical visit during the 6 months review period who have been on ART for at least 6 months by the end of the review period.	Subject to approval of VL Policy.





### 2.0 - Paediatric Care and Treatment

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
2.5	HIV Monitoring -Viral Load (Outcome)	HIV infected patients should have suppressed VL after at least 6 months of being on ART.	100%	% of patients on ART for at least 6 months with VL suppression	Number of patients on ART for at least 6 months by the end of the review period who have VL < 1,000 copies on their most recent VL result in the last 12 months	Number of patients on ART for at least 6 months by the end of the review period with at least one VL result during the last 12 months	Subject to approval of VL Policy.
2.6	TB Screening (Service coverage)	All HIV infected patients should be screened for clinical symptoms of TB at every clinic visit.	100%	% patients screened for TB at last clinic visit;	Number of patients screened for TB at the last clinical visit using ICF card during the 6 months review period.	Number of HIV-infected patients currently NOT on anti TB treatment with at least one HIV Clinical visit during the 6 months review period.	
2.7	TB IPT (Service coverage)	HIV infected patients who screen negative for clinical symptoms of TB should be initiated on IPT for 6 months with a 2 year interval after completing a 6 month IPT course.	100%	% of patients eligible for IPT who were initiated on IPT	Number of patients with negative TB screen who have not had IPT in the past 2 years who were put on IPT	Number of patients who have not had IPT within the last 2 year, with a negative TB screen at the last clinic visit during the 6 months review period.	
2.8	Nutritional Assessment (Service coverage)	HIV positive clients should receive nutritional status assessment (Z-score or MUAC) at every clinic visit	100%	Nutritional assessment (Z-	Number of patients who had a nutritional assessment (Z-score or MUAC) at the last clinic visit during the 6 months review period	Number of HIV-infected patients with at least one HIV Clinical visit during the 6 months review period	





#### 2.0 - Paediatric Care and treatment

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
2.9	Nutritional Support (Service coverage)	HIV positive clients who are classified as malnourished should receive nutritional support	100%	% of patients eligible for nutritional support and who received nutritional support	Number of patients who meet criteria for nutritional support who received nutritional support	Number of patients who meet the criteria for nutritional support (Z score < -2) at the last clinic visit during the 6 months review period	MUAC criteria can also be used - refer to nutrition tools for MUAC assessment in children.
2.10	Disclosure (Service coverage)	HIV-infected children age 8-14 should have their HIV status disclosed to them.	100%			Number of HIV infected children 8-14 years who are enrolled into care with at least one HIV Clinical visit during the 6 months review period	





### 3.0 -eMTCT Indicators

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
3.1	4th ANC visit (FANC) Service coverage	All pregnant women should be reviewed at least four times in ANC	NO SCHOOLS	% of pregnant women attending fourth ANC visit	Number of pregnant women attending fourth ANC Visit during the review period (Source: ANC Register column (d) Number of ANC visits = 4)	Number of expected pregnant women in the facility catchment population during the review period (Source: AWP planning data)	
3.2	Skilled delivery (Service coverage)	All women should deliver under skilled attendant	100%	% of skilled deliveries within the facility catchment population	Number of women delivered in the facility during the review period (Source: Maternity register: sum of all women delivering in the facility within the review period)	(Source: AWP	
3.3	Quality of Delivery (Service delivery)	All deliveries should be monitored using an accurately filled partograph	100%	% of deliveries with accurately filled partographs	Number of deliveries with partographs accurately filled during the review period (Source: Maternity file reviews)	Number of deliveries in the facility during the review period (Source: Maternity register)	
3.4	307 307 305	All neonates should be reviewed 7-14 days after birth	100%	% of Mother- newborn pairs reviewed by health care provider 7-14 days of birth	# of mother-newborn pair reviewed 7-14 days of birth [Source: PNC register column (g)- date of delivery and column (a)-date of visit =7-14 days after delivery	Expected number of deliveries in the facility catchment (Source: AWP planning data)	





### 3.0 -eMTCT Indicators

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
3.5	Partner testing (Service coverage)	Partners of pregnant women should be tested for HIV or have a known positive status.	100%	% of pregnant women whose partners have been tested for HIV or who are known positive.	Number of pregnant women whose partners were tested for HIV during the 6 months review period or who have known documented positive status. (Source: ANC register: column (an) status indicated as P/N/KP)	Number of new ANC clients during the 6 months review period. (Source: ANC register: Column (c) 1st visit indicated with Y)	
3.6	ART Provision (Service coverage)	All HIV-infected pregnant women should receive HAART	100%	% of HIV-infected pregnant women receiving HAART	Number of HIV infected pregnant women who were receiving HAART (Source: ANC register column (aa) dispensed ARVs = HAART)	Number of HIV-infected pregnant women who had at least one ANC visit during the 6 months review period. (ANC Register column (an) Status indicated as P/KP)	Facilities should consider further exploration on the timing of starting HAART
3.7	HIV Monitoring Viral Load (Service coverage)	All HIV infected pregnant or lactating women who have been on ART for at least 6 months (and have not had a VL in the past 6 months) should have a VL assessment done	100%	women on ART for at least 6 months who	Number of HIV-infected pregnant or lactating women on ART for at least 6 months with a VL result not older than 6 months at their last visit. (Source: PMTCT client file: lab form/ patient notes)	Number of HIV-infected pregnant or lactating women who have been on ART for at least 6 months with at least one ANC visit during the 6 months review period. (Source: PMTCT client file)	





### 3.0 -eMTCT Indicators

SN	Quality Area (Indicator type)	Standard	Target	Performance Measure*	Numerator	Denominator	Comments
3.11	Retention of Mother baby pair - Facility estimate (Retention)	All HIV exposed infants should be followed up 18 months old.	100%	% HIV infected mother and HIV- exposed baby pair (0-18 months) in active care among facility registered	Number of infants seen in facility during review period whose mother/guardian also have documented visit on same day during review period (Source: HEI Register, Mother's File)	infants between 0 and 18 months in follow-up at the facility during the	
3.12	Retention of Mother baby pair - Population estimate (Retention)	All HIV exposed infants should be followed up 18 months old.	100%	care among	Number of infants seen in facility during review period whose mother/guardian also have documented visit on same day during review period (Source: HEI Register, Mother's File)	HIV exposed infants between 0 and 18 months in the facility	
3.13	Elimination of Mother-to- Child Transmission (Outcome)	Mother-to-child transmission of HIV should be reduced to <5%	<5%	% HIV exposed infants diagnosed with HIV between 0 and 18 months	Number of HIV-exposed infants identified HIV positive by 18 months of age (Source: HEI register: column (ar) HIV status at 18 months indicated as Pos)	Number of HEI in cohorts that turned 24 months of age during the 6 months review period (Source: HEI register: Column (a) Number of HEI registered in birth )	Facilities implementing HCA have the option to sum HCA indicator 13.3 for the 6 month review period.



# **KHQIF Operational Manual**

# Appendix 8 HIV QI Indicators Summary Report

SN	Performance Measure	Numer- ator	Denom- inator	%
2.6	% patients screened for TB at last clinic visit;			
2.7	% of patients eligible for IPT who were initiated on IPT			
2.8	% of patients with Nutritional assessment (Z-score or MUAC)at the last clinic visit			
2.9	% of patients eligible for nutritional support and who received nutritional support			
2.10	% children aged 8-14 who have been disclosed HIV status			
EMTC	T			
3.1	% of pregnant women attending fourth ANC visit			
3.2	% of skilled deliveries within the facility catchment population			
3.3	% of deliveries with accurately filled partographs	2		
3.4	% of Mother-newborn pairs reviewed by health care provider 7-14 days of birth			
3.5	% of pregnant women whose partners have been tested for HIV or who are known positive.			
3.6	% of HIV-infected pregnant women receiving HAART			
3.7	% of HIV-infected pregnant or lactating women on ART for at least 6 months who had a VL assessment done			
3.8	% of HIV-infected pregnant or lactating women on ART for at least 6 months with VL suppression			
3.9	% HEI who received HIV DNA PCR testing by age 6-8 weeks and results are available			
3.10	% HIV exposed infants on exclusive breast feeding at age 6 months			
3.11	% HIV infected mother and HIV-exposed baby pair (0-18 months) in active care among facility registered			
3.12	% HIV infected mother and HIV-exposed baby pair (0-18 months) in active care among population estimate			
3.13	% HIV exposed infants diagnosed with HIV between 0 and 18 months			
Other	Program Areas			
4.1	% of male clients who were circumcised with documented adverse event			