

FACILITY CARE & SUPPORT SCREENING CHECKLIST

Name of Health Facility _____ Date _____

Patient Name _____ Client ID No _____ Age _____ Sex _____

Type of Client: PLHIV newly enrolled into HIV Care & treatment ☐ Registered PLHIV on first time visit this FY ☐
 Registered PLHIV on follow up/subsequent visit this FY ☐

Pregnancy/Breastfeeding Status: Pregnant ☐ Post-Partum ☐ Breastfeeding ☐

ART Status: ART ☐

Current Clinical Status (WHO staging)	Last CD4 Result (Enter value & date)	Last Viral Load Result (Enter value & date)	Eligible for Viral Load?
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Index Testing Services (tick Yes or No)

Offered Index testing service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accepted index testing service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, Reason for refusing (see code from list below)		

TB Screening (tick Yes or No)

	Yes	No
Are you currently on Tuberculosis Preventive Therapy (TPT)		
Are you currently on TB treatment?		
If yes enter TB treatment start date (dd/mm/yy): _____ / _____ / _____ ; and stop TB screening. If no continue screening below.		
(i) Are you coughing currently?		
(ii) Do you have fever for 2 weeks or more? (Unexplained fever)		
(iii) Are you losing weight? (Unplanned weight loss)		
(iv) Are you having night sweats? (drenching or excessive night sweats)		
Outcome:		
Presumptive TB client (TB suspect): One or more 'Yes' response(s) to questions (i) – (v) above. Refer client to TB DOTs clinic.		
No TB sign (not a suspect): A 'No' response to questions (i) – (v) above. Assess for TPT eligibility.		
Eligible for TPT?		

Nutritional Status Assessment Using Body Mass Index (BMI) or Mid -Upper Arm Circumference (MUAC)

Weight (kg) Height (m).....Ht (m) X Ht (m)..... Calculate BMI using Weight (kg) ÷ Height (m²)

	Severe Acute Malnutrition	Moderate Acute Malnutrition	Normal	Overweight	Obesity	Nutrition Education and Counselling (Tick).			Nutrition Support (Tick).		
Body Mass Index -Adult	Bilateral pitting edema Or BMI <16.0 MUAC <21.0cm for only (pregnant/postpartum)	BMI ≥16.0 to <18.5 MUAC ≥21.0 to <23.0cm for only (pregnant/postpartum)	BMI ≥18.5 to ≤25.0 or MUAC ≥23.0cm for only (pregnant/postpartum)	BMI ≥ 25.0 to < 30.0	BMI ≥30.0	Nutrition Education	Nutrition Counselling	Client agreed to action plan	Nutrition Supplement	Referred to Other clinical services	Referred to community support
Mid-Upper Arm Circumference or Weight to Height Z-score (Under 5yrs)	Bilateral pitting edema Or WHZ < -3 or MUAC < 11.5 cm	WHZ-score ≥ -3 to < -2 Or MUAC ≥ 11.5 to < 12.5 cm	WHZ-score ≥ -2 to ≤+2 Or MUAC ≥ 12.5 to <21cm			Nutrition Education	Nutrition Counselling	Client agreed to action plan	Nutrition Supplement	Referred to Other clinical services	Referred to community support

Gender Based Violence Screening (Explain clearly the meaning of each key word in the section to the client)

	Yes	No	Referred for post GBV care
Have you been beaten, sexually coerced, raped or threatened by your partner or anyone else?			
Does your partner/family deny you food, shelter, freedom of movement, livelihood or finance to access health care?			

Screening for Chronic Conditions (Hypertension & Diabetes)

 Known hypertensive? Yes ☐ No ☐

 First time identified within the programme? Yes ☐ No ☐

BP (mmHg)

	Yes	No	Referred for further care
BP above 140/90mmHg			

 Known diabetic? Yes ☐ No ☐

 First time identified within the programme? Yes ☐ No ☐

	Yes	No	Referred for further care
Increased frequency of urination			
Increased water (fluid) intake			

Positive Health Dignity and Prevention (PHDP)

A) Prevent HIV Transmission			
How many doses of ARV's have you missed since the last appointment? (If on ART)	Doses		
	≤ 3	4 - 8	≥ 9
	Yes	No	
Medication adherence counselling done?			
Have you disclosed your status to your partner(s)			
Do you know the status of your partner(s)			
Do you use condoms during every sexual encounter?			
Condom use counselling done?			
B) Prevent Diseases/Opportunistic Infections			
Do you/partner have genital sores/rash/pain/discharge/bleeding?			
How many doses of Cotrimoxazole have you missed since the last appointment?			
C) Promote Healthy Living			
How regularly do you take alcohol in a week			
Nutritional counseling done?			
WASH counseling done?			
Additional PHDP Services provided (enter code(s) from list below)			

Reproductive Intentions

	Yes	No	Referred for further care
Have you been screened for cervical cancer in the last one year?			
Do you intend to get pregnant within the next one year?			
If no, are you currently using a contraceptive?			

REASONS FOR REFUSING INDEX TESTING SERVICE

1. Known positive status of contact 2. Tested negative in the last 6 weeks 3. Fear of IPV 4. Fear of disclosure/stigma and discrimination/divorce 5. No partner/death of partners 6. Denial of status 7. Distance from facility/geographical location 8. Others

ADDITIONAL PHDP SERVICES

1. Insecticide treated nets 2. Intermittent prophylactic treatment 3. Cervical Cancer Screening 4. Active member of SG 5. Family Planning 6. Disclosure counseling 7. Social Services 8. Linkage to IGAs 9. Leg 10. Others

(Revised November, 2019)