

HIVQUAL-Namibia Adult Indicators and Eligibility for Round 1 and Round 2 Data Collection

Eligibility: All HIV-infected patients with one clinical visit in the past 6 months.

Indicator	Rationale	Numerator	Denominator
Continuity of Care [§]	Regular clinical visits are important to monitor the progress of the patient and identify problems.	Number of patients with at least 1 clinical visit* in the past 3 months.	Number of patients with a clinical visit* in the last 6 months
HIV Monitoring-CD4 or Viral Load Testing [§]	The degree of immune suppression can be established by determining the patient's CD4 count. This level can be used to decide when to start ART, when to start/stop PCP prophylaxis, etc.	The number of patients with a CD4 count or viral load during the past 6 months	The number of patients with at least one visit during the past 6 months
ARV Therapy (1)	Those who are eligible for ART should receive ART (CD4<200, <250 for pregnant women or WHO Stage 3 or 4).	The number of patients receiving ART during the past 6 months	The number of patients meeting the MOHSS eligibility criteria for ART**
ARV Therapy (2)		The number of patients who are still receiving ART at the end of the review period or at the time of death or transfer out	The number of patients who ever received ART in the past 6 months
Adherence Rate	Adherence to care and treatment is one of the major factors which determine the success of HAART. Over 95% adherence to HAART is required to achieve maximum viral suppression. It is therefore important for HIV caregivers to continually assess and emphasize adherence	The number of patients who have had an adherence assessment during the last 6 months who had an adherence score of higher than 95% (good)	The number of patients receiving ART and have had a documented adherence assessment
Adherence Assessment		The number of patients who had an adherence assessment in the past 6 months	The number of patients receiving ART during the past 6 months or time of death or transfer out
PCP Prophylaxis	All patients on chronic care during the past 6 months and are receiving it at the end of the review period or at the time of death or transfer-out.	Number of patients who have been prescribed PCP (CTX) prophylaxis during the past 6 months and are still receiving it at the end of the review period or at the time of death or transfer-out	The number of patients with CD4 < 300 or WHO stage III or IV
TB Clinical Symptom Assessment	TB is very common in Namibia and it disproportionately occurs in people with HIV. Screening patients for TB is an essential component of care that should be given to all HIV-infected patients at each clinical visit.	The number of patients who have been screened for signs and symptoms of active TB (i.e. patient chart indicates no signs, TB referred or sputum taken)	The number of patients with at least one visit during the past 6 months who were not on TB treatment
TB Prevention	In the absence of active TB disease, preventive therapy with isoniazid is recommended in the national guidelines.	The number of patients who are currently on Isoniazid Preventive Therapy	The number of patients with no documented contra-indication to Isoniazid Preventive Therapy and not on TB treatment (one contra-indication is having received TB treatment in past 2 years)

*Nurse or doctor

**MOHSS eligibility criteria for ART: CD4 <200 (<250 for pregnant women) or WHO Stage 3 or 4

§ The Round 2 values for these indicators only included ART patients

HIVQUAL-Namibia Adult Indicators [CONTINUED]			
Indicator	Rationale	Numerator	Denominator
Eligibility: All HIV-infected patients with one clinical visit in the past 6 months.			
Prevention Education	Prevention education is an essential component of care. It is aimed at reducing the rate of infection of the uninfected by the infected and also reduce rate of re-infection	The number of patients who received prevention education during the past 3 months*	The number of patients with at least one visit during the past 6 months
Weight Monitoring	Severe involuntary weight loss is one of the hallmarks of AIDS. Response to ART is usually associated with weight gain and monitoring weight provides a good guide of clinical response	The number of patients whose weight has been recorded during the past 6 months	The number of patients with at least one visit during the past 6 months
Food Security	Nutrition remains one of the major factors which determines the clinical outcome of HIV care. Referrals should be given when HCWs find need	The number of patients assessed for food security (hunger)	The number of patients with at least one visit during the past 6 months
Alcohol Screening	Alcohol abuse affects the progression of HIV in various ways. It negatively impacts adherence, is associated with increased toxicity with certain medications and is associated with risky behavior.	The number of patients who have been screened for alcohol use in the period under review	The number of patients with at least one visit during the past 6 months

*For this indicator to be fulfilled, the patient received at least all of the following five messages: (a) Basic HIV education, transmission; (b) Prevention: abstinence, safer sex, condoms; (c) Disclosure; (d) Post-test counseling: implications of results; (e) Reproductive choices, prevention MTCT.