

Situational Analysis of the Status of VL/EID hubs

Region	District	Name of the Hub	Hub Focal Name
Hub(VL) Focal Phone Number		Hub (VL) Focal Email	

1. Available Viral Load (VL) Sample Referral System

1a	Does the hub receive VL samples from its surrounding spokes? (Functional hub)? <i>(Check VL register Book)</i>	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
1b	IF (1a) is NO, is the hub collecting VL samples from its CTC/RCH? i.e. (acting as spoke)	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
1c	IF the hub is acting as a spoke, to which hub does it submitting its samples?	Name of Hub		Name of Testing lab (If the hub is submitting samples direct to the lab)	
1d	IF (1a) is YES, indicate what samples are covered under the current sample transportation system?	HIV VIRAL LOAD		HIV EID	TB
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
1e	Which laboratory does the hub refer its samples. (Name of the laboratory)	HVL Lab		EID Lab	TB Lab
1f	Indicate what type(s) of transport is/are used for sample transportation from spoke to the hub?	Health Care Provider	Postal Services	Implementing partner(IP)	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1g	What is the daily cost for sample transportation from spoke to the hub?				
1h	Indicate type(s) of transport is/are used for sample transportation from Hub to the Testing lab?	Health Care Provider	Postal Services	Implementing partner(IP)	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1i	What is the weekly cost for sample transportation from Hub to the Testing lab?				
1j	Are test results for all spokes pass through the hub?	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		



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1k	Indicate how results of laboratory tests delivered at the hub.	Hardcopy (paper) picked by Health Care Provider at the testing lab	Delivered through Postal services/E MS)	Delivered by Implementing Partner (IP)	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1l	If (1j) is YES. What type(s) of transport is/are used for results transportation from Hub to the Spokes?	Health Care Provider	Postal Services/E MS picking	Public transport (such as boda boda) Picking	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the hub is not functional, do not fill section 2.

2. Hub and Facilities(Spokes) level linkage for Viral Load (VL)			
2a	What is a total number of primary health facilities(spokes) that supposed to refer specimens to the hub?	Total No	
2b	Is there a list of primary health facilities (spokes) that refer specimens to the hub for initial processing/storage or transportation? (List down all spokes in the back space)	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
2c	What is a total number of primary health facilities (Spokes) that currently referring specimens to the hub?	Total No.	
2d	What is the proportion of spokes participating in the current specimen referral system? (Total no of spokes referring/Total no of spokes supposed to refer)	Proportion.	
2e	What is the total number of samples received at the hub from the facilities (spokes) for the past six months? (Oct 2017 to March 2018). (Count from register book)	Total No.	Comment
2f	What is the total number of specimens sent from the hub to the testing lab for the past six months? (Oct 2017 to March 2018) (count from HVL Sample Manifest)	Total No.	Comment
2g	What is the total number of results received from the testing lab for the past six months? (Oct 2017 to March 2018)	Total No.	
2h	What is the proportion of referred specimens for which results were returned? Total no of result received /total number sample sent (Oct 2017 to March 2018)	Proportion.	
2i	How many times in a week does the hub refer samples to the HVL lab		



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3. Documentation and Chain of Communication				
3a	Are standardized register books being used at the hub? (If YES , ask for a copy)	HVL Sample and Result register Books		
		YES	NO	Comments
		<input type="checkbox"/>	<input type="checkbox"/>	
3b	Are standardized tracking tools/manifest being used at the hub? (If YES , ask for a copy)	YES	NO	Comment
		<input type="checkbox"/>	<input type="checkbox"/>	
3c	Are there specific records and tools for monitoring viral load cascade? (If YES , ask for a copy). E.g. Viral load sample and Results Weekly/Monthly/ Quarterly Monitoring tool.	YES	NO	Comment
		<input type="checkbox"/>	<input type="checkbox"/>	

4. Equipment									
4a	Are there functional equipment for initial processing, storage and transportation of samples at the hub?	Centrifuge		Fridge		Freezer		Triple packaging material	
		YES	NO	YES	NO	YES	NO	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b	Centrifuge	Model		No of tubes that can be spun at once)		Speed used (RPM)		What RCF (If using RCF/g)	
4c	At what temperature are HVL samples stored?	2- 8 °C (Fridge)		-20°C (Freezer)					
4d	How long do samples stay at the hub?	One week (if they are sent to the testing lab once a week)				Less than one week(if they are sent to lab twice a week			



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4e	Are there functional equipment for electronic sample tracking and results return system (eSRS) installation at the hub?	Computer		Printer		Internet (Modem)		Barcode Printer	
		YES	NO	YES	NO	YES	NO	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f	Is electronic Sample Referral and Result system (eSRS) installed?	YES		NO					
	<input type="checkbox"/>	<input type="checkbox"/>							
4g	If YES , is eSRS functional?	YES		NO					
		<input type="checkbox"/>		<input type="checkbox"/>					
4h	If NOT functional, tick what is the reason ?	No Internet connection/Modem/bundle		No Printer/Printer not functional		Staff Not well trained on the use of the system		eSRS version installed not well functioning	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4i	Does the hub have capacity for TB diagnosis?	MTB/RIF Xpert		LED Microscope		Ordinary light Microscope (for ZN staining technique)			
		YES	NO	YES	NO	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4j	If the hub has MTB/RIF Xpert, what is the total number of TB sample tested for the past six months. (Octo 2017 to March 2018)	Total No.							
4k	If the hub have MTB/RIF Xpert, Is there a GxAlert/connection to CTRL?	YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>							
4l	If 4k is YES, is GxAlert functioning?	<input type="checkbox"/>	<input type="checkbox"/>						
4m	If the hub doesn't have MTB/RIF Xpert machine, does the hub refer TB samples for Xpert testing?	YES	NO						
		<input type="checkbox"/>	<input type="checkbox"/>						
4n	If the hub has Xpert machine, Does the hub use Xpert for VL testing?	YES	NO	When did the hub started using Xpert for VL testing?					
		Date/Month/Year							
		<input type="checkbox"/>	<input type="checkbox"/>						



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4o	If the hub uses Xpert machine for VL testing, how many personnel have been trained?	Total No.				
4p	If the hub is using Xpert machine, for which population?	All populations		Priority populations only		
		<input type="checkbox"/>		<input type="checkbox"/>		
4q	If the hub is using Xpert for priority population, which ones?	Pregnant/Breastfeeding women	Adolescent	Suspected ARV failures	TB/HIV	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4r	Is a standardized register for HVL samples tested using Xpert machine? (if YES, ask for a copy)	YES	NO			
		<input type="checkbox"/>	<input type="checkbox"/>			
4s	Total number of HVL sample tested using Xpert (from when it started to date)	Date Started using Xpert for VL		Total No.		

5. Human Resources and Training						
5a	Total number of laboratory staff at the hub	Total No:				
5b	Number of staff (hub focals) dedicated in handling and processing viral load samples					
5c	How did the hub obtain knowledge on handling VL samples?	Mentorship		VL Workshop	On-Job Training	
5d	How many have been attended offsite (VL specialized) trained ?	Total number				



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6. Available EID Sample Referral System					
6a	Does the hub receive EID samples from its surrounding facilities? (Functional hub)? <i>(Check EID register Book for referred samples)</i>	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
6b	Where is the storage for EID samples before being transported to testing laboratory?	PMTCT/RCH		LABORATORY	
		<input type="checkbox"/>		<input type="checkbox"/>	
6c	IF the hub doesn't receive EID samples from its spokes which hub does it submit its own samples?	Name of Hub		Name of Testing lab (If the hub is submitting	
6d	IF the hubs receives samples from its spokes, which laboratory does the hub refer its samples.	Name of the Lab			
6e	Are EID samples transported together with Viral load samples from facility to the hub?	YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
6f	IF (6e) is NO, Indicate what type(s) of transport is/are used for sample transportation from facility to the hub?	Health Care Provider	Postal Services	Implementing partner (IP)	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g	What is the daily cost?				
6h	Indicate type(s) of transport is/are used for EID sample transportation from Hub to the Testing lab?	Health Care Provider	Postal Services	Implementing partner	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i	What is the weekly cost?				
6j	Indicate how results of EID are delivered at the hub are.	Picked by Health Care Provider at the testing lab	Delivered through Postal services/E MS)	Delivered by Implementing Partner (IP)	Other (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k	What type(s) of transport is/are used for results transportation from Hub to the facility?	Health Care Provider	Postal Services/E MS picking	Private logistic company Picking	Public transport (such as boda boda) Picking
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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7. Hub and Facilities(Spokes) level linkage			
7a	What is a total number of primary health facilities (spokes) that are supposed to refer EID specimens to the hub?	Total No.	
7b	Is there a list of primary health facilities (spokes) that refer EID specimens to the hub for initial processing/storage or transportation?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
7c	What is a total number of primary health facilities (Spokes) that currently refer EID specimens to the hub?	Total No.	
7d	What is the proportion of spokes participates in the current specimen referral system for EID? (Total no of spokes referring/Total no of spokes supposed to refer)	Proportion.	
7e	What is the total number of EID samples received at the hub from its facilities (spokes) for the past six months? (Oct 2017 to March 2018)	Total No.	
7f	Total Number of EID specimens rejected at the hubs (Oct 2017 to March 2018)	Total No.	
7g	What is the total number of EID specimens sent from the hub to the testing lab (Oct 2017 to March 2018)	Total No.	
7h	How many times a week does hub refer EID samples to the testing lab?		
7i	What is the proportion of referred EID specimens for which results were returned? Total no of result received /total number sample sent (October 2017- March 2018)	Proportion	
7j	Average time from EID specimen taken to return of positive results (October 2017- March 2018)	Average	
7k	Average time from EID specimen taken to return of Negative result (October 2017-March 2018)	Average	

Data collector(Name).....Phone number.....signature and date.....

Facility in charge (Name).....Phone number.....signature and date.....

