

# Saint Lucia

## Caribbean Region

### HIV and AIDS Service Provision

### Assessment Survey 2005

United States Agency for International Development (USAID)/  
Office of the Representative to Barbados

MEASURE Evaluation

AID Inc., Barbados

St. Georges University, Grenada

December 2006



**USAID**  
FROM THE AMERICAN PEOPLE





**SAINT LUCIA  
CARIBBEAN REGION  
HIV AND AIDS  
SERVICE PROVISION ASSESSMENT SURVEY 2005**

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Office of the Representative to Barbados

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## ABBREVIATIONS AND ACRONYMS

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AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Medicines
CAREC	Caribbean Epidemiology Center
CARICOM	The Caribbean Community and Common Market
CHART	Caribbean HIV/AIDS Regional Training Initiative
CIMT	Caribbean Indicators and Measurement Tools
CPT	Cotrimoxazole Preventive Treatment
CT	Counseling and Testing
CSME	CARICOM Single Market and Economy
CSS	Care and Support Services
CSW	Commercial Sex Workers
DOTS	Direct Observed Treatment Short-course Strategy
FPS	Fortified Protein Supplementation
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HSPA	HIV Service Provision Assessment
INH	Isoniazid
IV	Intravenous
MOH	Ministry of Health
MSM	Men who have Sex with Men
NACCHA	National Coordinating Committee on HIV/AIDS
NAP	National AIDS Program
NGO	Non-Governmental Organization
NHAC	National HIV/AIDS Commission
OIs	Opportunistic Infections
ORS	Oral Rehydration Salts
PAHO	Pan-American Health Organization
PCP	Pneumocystis Carinii Pneumonia
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PLWHA	People Living with HIV and AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
RPR	Rapid Plasma Reagin (syphilis test)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDRL	Venereal Disease Research Laboratory Test
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFS	Youth-Friendly Services



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## KEY FINDINGS

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The HIV/AIDS Service Provision Assessment (HSPA) was developed to assess the quality and capacity of HIV and AIDS-related services in high prevalent situations. However, the findings of the Eastern Caribbean HSPA need to be interpreted within a low prevalence context. Small islands with few facilities may not require all of the HIV and AIDS-related services to be at full capacity in every facility. Nevertheless, an efficient system to identify, counsel, and treat those who are HIV-positive and to prevent the spread of the virus requires a quality HIV testing and counseling system, accessible antiretroviral treatment (ART), treatment services for opportunistic infections (OIs), and a prevention strategy that reaches the vulnerable and at risk populations. A solid recordkeeping and reporting system is essential for monitoring and surveillance of the epidemic and to assess the capacity of the health system to respond. No matter what level health planners decide is best for the country, each service should be provided at the highest quality possible. The 2005 Saint Lucia HIV/AIDS Service Provision Assessment (Saint Lucia HSPA) survey report provides baseline information for decisionmaking on how and where to scale up or strengthen HIV and AIDS-related services.

Focusing on the formal public health sector in St. Lucia, the HSPA findings provide information on both basic- and advanced-level HIV and AIDS services and the availability of recordkeeping systems for monitoring HIV and AIDS care and support. Within the Caribbean region, there is a concern for the recent training of health professionals who provide HIV and AIDS services, for health worker attitudes towards people living with HIV and AIDS (PLHIV) and for patient movement within the region. The St. Lucia HSPA captured information on these region-specific indicators in addition to the standard HSPA indicators. Since HIV and AIDS services are not offered across all facilities or facility types, and these services are relatively few, the sample is disproportionately representative of known sites for HIV and AIDS services. Although the emphasis of the HSPA is on public facilities, if private or non-government facilities are important providers of HIV and AIDS services, they were also included. The survey was conducted in a sample of 17 facilities (12 public facilities) in Saint Lucia, including hospitals, polyclinics, health centers, specialized clinics and laboratories. Therefore any interpretation of the findings should be limited to the sample and to the capacity to scale up existing HIV and AIDS services. The HIV and AIDS-related services that were assessed include counseling and testing capability, care and support services (CSS), antiretroviral therapy (ART), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT) and youth-friendly services.

Along with documenting what HIV and AIDS services are offered, a few systemic issues were identified—

### Region-specific findings

- ▶ Facilities with an HIV testing system have at least one trained counselor.

- ▶ Although more than half of those providing psychological counseling services have been recently trained (in past 3 years), nutrition counseling is lacking recently trained health workers.
- ▶ Less than half of TB service providers and few STI service providers were trained recently.
- ▶ Sixty-five percent of health workers surveyed in the public sector had a positive attitude towards PLHIV.
- ▶ Two of five facilities providing PMTCT services reported providing services to clients who were residents of other countries.

### **HIV testing system<sup>1</sup>**

- ▶ Five of 12 public facilities surveyed have an HIV testing system.
- ▶ None of the five facilities has all items to meet the indicator for a system of counseling for HIV testing.
- ▶ Recordkeeping and documentation of counseling are not routine for all service sites.
- ▶ Policy guidelines for counseling and testing (CT) are not readily accessible in service sites.
- ▶ There are no youth-friendly services.

### **Availability of basic care and support services**

- ▶ TB diagnostic and treatment services, treatment of opportunistic infections and provision of palliative care are available in three out of five HIV testing system clinics.
- ▶ STI services are widely available in clinics with an HIV testing system.
- ▶ Nosocomial infection prevention, although practiced in all facilities, is not fully available in all sites of facilities.
- ▶ At least half of the staff of half of the clinics that provide CSS have received recent training and supervision.
- ▶ Protocols and guidelines are not available in all service sites of CSS facilities.

### **Availability of advance care and support services**

- ▶ Most of the medicines and resources to treat opportunistic infections are available except for herpes and cryptococcal meningitis.
- ▶ Less than half of facilities with an HIV testing system provide advance-level services.
- ▶ Guidelines and protocols for AIDS services are not widely available.
- ▶ Many providers of AIDS services other than counseling staff have not been recently trained.
- ▶ ART is available in two facilities, however systems to support and monitor ART are not fully developed.
- ▶ Protocols and guidelines are lacking for advanced-level services.

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<sup>1</sup> A facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

- ▶ Although inpatient HIV and AIDS services are in place, ART is not available in those facilities.
- ▶ PEP services need to be expanded to more facilities.
- ▶ Five public facilities offer PMTCT services; two provide pre- and post-test counseling, HIV testing services and ARV prophylaxis to prevent MTCT; three of five offer infant feeding counseling; and all five offer family planning counseling or referral. Two of the five facilities provide all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). However, no facility provides ARV therapeutic treatment for HIV-positive women and their families or all items of PMTCT+.



# CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN SAINT LUCIA

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## 1.1 BACKGROUND

Saint Lucia, an island country in the Windward Islands of the Caribbean Sea, is approximately 40 km (25 mi) south of Martinique and 32 km (20 mi) north of Saint Vincent. The population was estimated at 153,819 in 1999.<sup>2</sup> The 616 sq km (238 square mile) island is approximately 3.5 times the size of Washington, DC, and is divided into 11 regions, called quarters: Anse-la-Raye, Castries, Choiseul, Dauphin, Dennery, Gros-Islet, Laborie, Micoud, Praslin, Soufrière, and Vieux-Fort. Although the official language of the country is English, French patois is spoken as well. The majority of the population lives along the coast and the less mountainous regions of the north and south.<sup>3</sup> Only 31 percent of the population lives in urban areas. The 2030 projected population dispersion is 81,000 urban and 88,000 rural inhabitants, or almost 48 percent urban.<sup>4</sup>

The island is estimated to have a 20 percent unemployment rate, a total fertility rate of 2.21 children born per woman, and population growth rate of 1.28 percent per year. External migration is estimated to be -2.19 migrant(s) per 1,000 population.

## 1.2 HIV AND AIDS IN THE CARIBBEAN

According to a recent report from the Caribbean Epidemiology Centre (CAREC), the HIV and AIDS epidemic in the Caribbean is a growing problem across the region, and has begun to impact the health sector and the economic resources of the region in terms of loss of human potential and productivity. The Caribbean has the highest incidence of reported AIDS cases in the Americas, and the size of the epidemic is second only to that in Sub-Saharan Africa. Approximately 350,000 to 590,000 people living with HIV (PLHIV) call the region home.

AIDS is now the leading cause of death among 15–45 year-olds in the Caribbean. CAREC reports that 73 percent of cases are diagnosed in people of this age group. Although the gender distribution of the disease is predominantly weighted towards males (2:1), young women between the ages of 15 and 24 are particularly at risk. The annual incidence of HIV among females of this age group is from three to six times higher than males in the same age group. In the Caribbean there are also sub-groups or more vulnerable groups to HIV and AIDS, which include men who have sex with men (MSM), commercial sex workers (CSW), and the mining population (specific economic migrating populations). Also at higher risk are pregnant women and those with sexually

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<sup>2</sup> 2000. Pan American Health Organization (PAHO). PAHO Country Health Profiles report on Saint Lucia. Available at [http://www.paho.org/english/DD/AIS/cp\\_662.htm](http://www.paho.org/english/DD/AIS/cp_662.htm). Accessed January 18, 2006.

<sup>3</sup> Central Intelligence Agency. *World factbook: Barbados*. Available at <https://www.cia.gov/cia/publications/factbook/geos/bb.html>. Accessed September 30, 2005.

<sup>4</sup> United Nations Department of Economic and Social Affairs, Population Division. *Urban and rural areas 2003*, table. Available at [http://www.un.org/esa/population/publications/wup2003/2003urban\\_rural.htm](http://www.un.org/esa/population/publications/wup2003/2003urban_rural.htm). Accessed June 20, 2005.



transmitted infections (STIs). Intravenous drug users are also a risk group in the Caribbean. However, this population seems to be concentrated on certain islands.

Seventy-nine percent of persons living with HIV and AIDS (PLWHA) in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the “epicenter of the epidemic in the Caribbean region and the Western Hemisphere.”<sup>5</sup>

### 1.3 HIV AND AIDS IN SAINT LUCIA

Saint Lucia’s HIV prevalence rate is estimated at 0.12 percent. It is noted, however, that this figure may represent “only about 26 percent of the ‘true’ number of cases.” The first HIV cases in Saint Lucia were reported in 1985, and the number of PLHIV almost doubled from 1997 to 2002, with an average of 15 new cases of HIV reported each year. In 2002, the HIV annual incidence rate was 26.5 per 100,000 population,<sup>6</sup> and the fatality rate among AIDS patients was as high as 88 percent. Overall, those most affected are between 15 and 49 years of age (with a 2 percent prevalence rate).<sup>7</sup> This group comprised 76 percent of the reported cases, and 88 percent of deaths. Persons between 25 and 34 years of age account for a total of 32.5 percent of all HIV infections in Saint Lucia. Women seem to be infected and/or diagnosed at an earlier age than men (with the most affected age group being 25-29 for women and 30-34 for men). At the end of 2002, there was an overall male to female ratio of 1.06:1 (184 males/173 females).<sup>8</sup> The main mode of transmission of HIV in Saint Lucia is heterosexual contact. HIV transmission from blood and blood products represents only 2 percent of all reported AIDS cases. Prevalence among pregnant women is on the rise; and approximately 10 percent of the total reported AIDS cases occur among infants and children.<sup>9</sup>

### 1.4 SELECTED HEALTH AND DEMOGRAPHIC CHARACTERISTICS

Saint Lucia’s annual population growth rate was 1.6 percent between 1980 and 1999, with the population concentrated in the northern districts. Most communities are linked to urban centers through a good road infrastructure. Women of childbearing age (15 to 49 years of age) make up 25 percent of the total population. In 1995, life expectancy at birth for Saint Lucians was an average of 73.61 years. Females have a longer life expectancy than males do, with 77.42 years and 70.05 years, respectively. The infant

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<sup>5</sup> Pan American Health Organization/World Health Organization. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982–2002*. Port of Spain, Trinidad: Caribbean Epidemiology Centre. Available at [http://www.catin.org/pubs/status\\_trends1982-2002.pdf](http://www.catin.org/pubs/status_trends1982-2002.pdf).

<sup>6</sup> Ibid.

<sup>7</sup> United Nations Children’s Fund. *At a glance: Saint Lucia*. Available at <http://www.unicef-icdc.it/infobycountry/stlucia.html>. Accessed June 14, 2005.

<sup>8</sup> Pan American Health Organization/World Health Organization. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982–2002*. Port of Spain, Trinidad: Caribbean Epidemiology Centre. Available at [http://www.catin.org/pubs/status\\_trends1982-2002.pdf](http://www.catin.org/pubs/status_trends1982-2002.pdf).

<sup>9</sup> Ibid.

mortality rate on the island is 13.53 deaths/1,000 live births.<sup>10</sup> It is estimated that 30.3 percent of the population is under 15 years of age, 64.6 percent is 15–64 years, and only 5.2 percent is over the age of 65.<sup>11</sup>

The island is estimated to have a total fertility rate of 2.21 children born per woman, and a population growth rate of 1.28 percent per year. External migration is estimated to be -2.19 migrant(s) per 1,000 population. One-third (30 percent) of the population is under the age of 15. Sixty-five percent is between the ages of 15 and 64 years, and 5 percent is age 65 and older.<sup>12</sup> The island is estimated to have a 20 percent unemployment rate.

The five leading causes of death from 1996 to 1999 were heart disease, malignant neoplasms, cerebrovascular diseases, diabetes mellitus, and accidents and adverse effects.<sup>13</sup> Leading communicable infectious diseases included those related to fecal contamination and poor personal hygiene. Tuberculosis is one of the noted chronic communicable diseases in the population.<sup>14</sup>

## 1.5 GENERAL ORGANIZATION OF THE HEALTH SYSTEM

This section provides the context in which to view the findings of the Saint Lucia HIV and AIDS Service Provision Assessment. A recent Pan American Health Organisation (PAHO) report notes that “various departments within the Ministry of Health (MOH) are responsible for the implementation of health programs such as health education, environmental health, preventive services, and hospital and curative services.”<sup>15</sup> Primary health care is accessed mainly through the island’s 34 health centers and two district hospitals. Three acute general hospitals and a psychiatric hospital provide secondary and specialized care and services. Some primary care is also provided to outpatients at medical clinics and at the accident and emergency departments of the general hospitals.

Outpatient services for general illnesses are provided at medical clinics at the health centers and at district hospitals, as well as through the casualty or emergency departments of acute general hospitals. Medical and pharmaceutical services are made available at health centers and district hospitals. Clients are free to seek care at any facility; however the health facility administration and management are designed around reaching a specific target population.<sup>16</sup>

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<sup>10</sup> Pan American Health Organization. 2001. *Health systems and services profile of Saint Lucia*. 1st ed. Author. Available at <http://www.lachsr.org/documents/healthsystemprofileofstlucia-EN.pdf>. October 2, 2001),

<sup>11</sup> Central Intelligence Agency. CIA World factbook (2005 estimate). Available at <https://www.cia.gov/cia/publications/factbook/index.html>.

<sup>12</sup> Ibid.

<sup>13</sup> Pan American Health Organization. 2001. *Health systems and services profile of Saint Lucia*. 1st ed. Author. Available at <http://www.lachsr.org/documents/healthsystemprofileofstlucia-EN.pdf>.

<sup>14</sup> PAHO. 2000. PAHO Country Health Profiles report on Saint Lucia. Available at [http://www.paho.org/english/DD/AIS/cp\\_662.htm](http://www.paho.org/english/DD/AIS/cp_662.htm).

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.



Registration and monitoring of medical doctors and nurses is the responsibility of the Medical and Nursing Councils. The Medical Board is responsible for dentists, pharmacists and optometrists.<sup>17</sup>

## 1.6 FUNDING OF THE HEALTH SECTOR

According to a PAHO report (1992-95), the health sector is the second highest recipient of total government resources. “For the fiscal years 1991/1992 to 1994/1995, recurrent public health expenditure averaged 1.6 percent of the total government budget for preventative health programs [and] 5.4 percent for hospitals (excluding Saint Jude Hospital).”<sup>18</sup> Public health expenditure as a percentage of all public expenditure declined from 8.3 percent in 1996 to 6.7 percent in 1999.<sup>19</sup> In 2005, recurrent expenditure in the health sector was 10 percent of the national budget. The major source of funding for government recurrent expenditures comes from “income tax, other taxes, and user fees.”<sup>20</sup> The level of private resources spent for health is not known.

## 1.7 HEALTH INSURANCE ORGANIZATIONS

According to PAHO, “the main types of health insurance are private health insurance for individuals and groups, and coverage by the National Insurance Scheme (NIS),” which cover approximately 60 percent of all workers. The NIS pays an annual contribution to the MOH to cover inpatient hospital expenses for employees who contribute to the NIS. An existing user fee system was reviewed in 1992 and as a result, the contribution of user fees to total health revenue was increased.<sup>21</sup>

## 1.8 GENERAL ORGANIZATION OF THE PUBLIC HEALTH SECTOR

Modifications in the delivery of services proposed for health services at the primary, secondary, and tertiary levels have been proposed and are underway. These include changes in the existing management model and reorganization of health centers to shift the focus to a development model that addresses community health issues. Proposals included the upgrading of polyclinics and district hospitals in order to permit them to provide basic services to communities and to function more effectively at a secondary level of health care provision. In 2001, reforms were proposed for the improvement at the tertiary level of care in order to lessen the need for treatment outside of Saint Lucia and to make psychiatric services more available as well.<sup>22</sup>

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Pan American Health Organization. 2001. *Health systems and services profile of Saint Lucia*. 1st ed. Available at <http://www.lachsr.org/documents/healthsystemprofileofstlucia-EN.pdf>.

<sup>20</sup> PAHO. 2000. PAHO Country Health Profiles report on Saint Lucia Available at [http://www.paho.org/english/DD/AIS/cp\\_662.htm](http://www.paho.org/english/DD/AIS/cp_662.htm)

<sup>21</sup> Ibid.

<sup>22</sup> Saint Lucia Labour Party. 2001. *Manifesto 2001*. Available at [http://www.saintlucialabourparty.org/fileadmin/labourdocs/SLP\\_Manifesto\\_2001.pdf](http://www.saintlucialabourparty.org/fileadmin/labourdocs/SLP_Manifesto_2001.pdf).

## 1.9 GENERAL ORGANIZATION OF THE NON-GOVERNMENTAL HEALTH SECTOR

Data show that various health care providers work in both the private and public sectors. “Many medical and dental practitioners work in both the public and private sectors. Nurses have recently been employed in the hotel industry and in private home nursing care.”<sup>23</sup>

## 1.10 HUMAN RESOURCES AND HEALTH EDUCATION

The numbers of physicians, trained nurses, and dentists employed in the public sector in Saint Lucia has been increasing. As of 1999, there was a ratio of 5.3 physicians per 10,000 population (2,533 people per physician), 20 trained nurses, and 0.85 dentists,<sup>24</sup> and 293 people per hospital bed.<sup>25</sup>

## 1.11 HEALTH EDUCATION

The Sir Arthur Community College, a primary provider of health training in Saint Lucia, trains Community Health Aides in its Community Nursing Department. According to the PAHO, training of other categories of health personnel is not provided locally. In-service training for health professionals is frequently organized by the MOH and other health related organizations. Cuba provides scholarships for training in medicine and other health related areas. The University of the West Indies offers training in medicine, environmental health, health education, and other related areas.<sup>26</sup>

## 1.12 NATIONAL HIV AND AIDS PROGRAMS

The National Coordinating Committee on HIV/AIDS (NACCHA) oversees a wide range of programs, including advocacy and policy development, comprehensive care for PLHIV, preventing transmission of HIV among the general population and vulnerable groups, and strengthening the national capacity to deliver an effective, coordinated and multisectoral response to HIV.<sup>27</sup>

The Government and people of Saint Lucia “aim to reduce HIV transmission and to mitigate the impact of HIV and AIDS on all levels of the society.”<sup>28</sup> The National Strategic Plan includes four broad strategies. Each strategy represents one of the highest priority areas, and areas for action are listed under it—

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<sup>23</sup> PAHO. 2000. PAHO Country Health Profiles report on Saint Lucia Available at [http://www.paho.org/english/DD/AIS/cp\\_662.htm](http://www.paho.org/english/DD/AIS/cp_662.htm).

<sup>24</sup> Ibid.

<sup>25</sup> International Monetary Fund (IMF). 2004. *Saint Lucia: Statistical appendix*. Washington, DC: Author. Available at <http://www.imf.org/external/pubs/ft/scr/2004/cr04401.pdf>. Accessed June 20, 2005.

<sup>26</sup> PAHO 2000. PAHO Country Health Profiles report on Saint Lucia Available at [http://www.paho.org/english/DD/AIS/cp\\_662.htm](http://www.paho.org/english/DD/AIS/cp_662.htm).

<sup>27</sup> Saint Lucia National Coordinating Committee on HIV/AIDS. 2003. *The national HIV/AIDS strategic plan, 2005–2009*. Castries: Saint Lucia Ministry of Health.

<sup>28</sup> Ibid.



1. **First Strategy: Advocacy and Policy Development**
  - ▶ Advocacy, Policy and Legislation
  - ▶ Socioeconomic Development (including poverty reduction)
  - ▶ Human Rights of PLHIV
2. **Second Strategy: Comprehensive HIV and AIDS care for all persons living with HIV and AIDS**
  - ▶ Treatment, Care, and Support
  - ▶ Elimination of Stigma and Discrimination

These two priority areas address the need for clear guidelines and protocols; scaled-up HIV and AIDS care and support programming; home- and community-based psychosocial care; and workplace, community, and health care system interventions.

3. **Third Strategy: Preventing further transmission of HIV**
  - ▶ Services
  - ▶ Specially Targeted Groups

This addresses the need for PMTCT, VCT; prevention and care of STIs; and targeting of youth and vulnerable groups.

4. **Fourth Strategy: Strengthening national capacity to deliver an effective, coordinated and multisectoral response to the epidemic**
  - ▶ Research and Surveillance
  - ▶ Institutional Strengthening and Management

This addresses the need for strengthening capacity of the Surveillance Unit within the MOH, monitoring the HIV and AIDS situation, empowering the NACCHA, and multisectoral coordination and collaboration.<sup>29</sup>

Currently there is a surveillance system in place for communicable diseases that draws on routine data collection at medical clinics across the 34 health centers and two district hospitals. This system captures information on notifiable diseases on a weekly basis, as well as suspected cases of fever, diarrhea and dengue, and tuberculosis (TB).

The National HIV/AIDS Program anticipates a comprehensive health information system for HIV and AIDS data that is likely to include—

1. Program monitoring and evaluation data, as well as surveillance and quality assurance information on primary areas, such as VCT; STIs; Information, Education and Communication/Behavioral Change Communication; Mother-To-Child Transmission (MTCT); and ART
2. Information from the M&E system to inform the Ministry of Finance's allocation of resources and provide information for evidence-based decisionmaking by program implementers in the expanded response.

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<sup>29</sup> Ibid.

Program and statistical information on HIV is fairly limited in Saint Lucia, and it can be difficult for various entities working in HIV to share information. For example, the lack of a systematic mechanism for line ministries and civil-sector organizations to report program information to the HIV and AIDS Unit directly is a challenge to the routine collection of surveillance information on HIV.<sup>30</sup>

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<sup>30</sup> Salentine, S., and M. A. Seday. 2005. *Saint Lucia national coordinating committee on HIV/AIDS capacity development consultation*. MEASURE Evaluation.



## CHAPTER 2: SURVEY METHODOLOGY

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### 2.1 OVERVIEW

The HIV and AIDS Service Provision Assessment (HSPA) is a methodology developed by MEASURE DHS+/Macro International Inc.. The Caribbean HSPA has been adapted for implementation in two phases to assess the availability of health services and capacity to provide quality HIV and AIDS-related services in the nine focus countries of the USAID Caribbean Regional Mission: Antigua & Barbuda, Barbados, Dominica, Grenada, St. Kitts & Nevis, Saint Lucia, St. Vincent & the Grenadines, Surinam and Trinidad & Tobago. Phase I included four countries; Barbados, Dominica, Saint Lucia and St. Vincent and the Grenadines. AID Inc, Barbados was contracted to conduct the data collection for the four countries of Phase I.

The HSPA provides facility-based information such as: the availability and location of services, the capacity and conditions at those service delivery points, and who is accessing the services. Information about AIDS-related services and mapping the geographic location of these services provides a regional perspective as well as data useful for country programs to improve the provision of AIDS-related services and to create conditions to support scale-up. The HSPA provides information on two UNAIDS/WHO/Global Fund indicators that are included in the Caribbean Indicators and Measurement Tools (CIMT) related to the conditions and capacity for health facilities to provide quality HIV and AIDS services at both the basic and advanced level.

The information collected by the HSPA already exists in many different places within a facility (such as patient registers, individual patient files, health information system database, staff training records, and equipment and pharmacy distribution records). However, it is necessary to bring that information together in order to determine the care available to patients.

### 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

The Saint Lucia HSPA was commissioned by the USAID Caribbean Regional Office/Barbados, with technical assistance from Macro International Inc. under the MEASURE Evaluation Project.

Objectives of the study were to—

- ▶ Provide information about nine Eastern Caribbean countries regarding—
  - ▶ The location of facilities providing AIDS-related services, by type of service (ART, PMTCT, VCT, laboratory services, TB, STI, malaria, basic- and advanced-level inpatient and outpatient care)
  - ▶ Patient flow, by type of service and by facility
  - ▶ Type and source of training received by providers at facilities offering AIDS-related services
  - ▶ Format and content of routine data collected on AIDS services



- ▶ Costs of services to patients
- ▶ Patient movement within the region to access services
- ▶ Services provided by private practitioners and to approximately how many patients (with emphasis on ART)
- ▶ Facility systems, resources and infrastructure to support quality services (access to guidelines, equipment, drugs and supplies in stock, supervision, referrals, etc.)
- ▶ Provider stigma
- ▶ Map AIDS-related services in nine Eastern Caribbean countries
- ▶ Provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CIMT)/ UNAIDS/WHO/Global Fund Care and Support Indicators:
  - ▶ Proportion of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV and AIDS clinical management
  - ▶ Proportion of health care facilities that have the capacity and conditions to provide advanced-level HIV and AIDS care and support services, including provision of ART.

## 2.3 HSPA CONTENT AND METHODS FOR DATA COLLECTION

### 2.3.1 Content of the HSPA

The content covered by the HSPA includes all categories of service and care for HIV and AIDS: VCT, PMTCT, ART, post-exposure prophylaxis (PEP), basic- and advanced-level clinical services for HIV and AIDS (inpatient and outpatient), tuberculosis (TB), STIs and malaria. For each type of service, information is collected on the availability of systems, resources and infrastructure to support quality services. A review is made of systems, guidelines, referrals, service records, individual client records, staff supervision, resources, laboratory diagnostics, equipment, pharmaceuticals and supplies, staff training, and infrastructure.

### 2.3.2 Methods for Data Collection

The HSPA consists of two survey instruments—the facility resources inventory and the Health Worker Interview. The facility resources inventory obtains information on the conditions and capacity of health facilities to provide care and support services (CSS) and on referral linkages between services. Specifically, it collects information on the HIV and AIDS-related services provided by the facility (i.e., inpatient and outpatient services, VCT services, PMTCT services and laboratory services), linkages to other HIV and AIDS-related services for patients and their families (i.e., home-based care), availability of guidelines and protocols for HIV and AIDS-related CSS, the availability of medicines and supplies, facility conditions, and health information management systems.

The assessment is comprised of a different module for each care and support service, and modules are used in each service site within a facility where applicable. Data are collected and analyzed at each service site within a facility and then aggregated to present facility-level data. The survey instrument requires interviews with the personnel

in charge of the facility for an overview of HIV and AIDS services as well as interviews with the most knowledgeable person about outpatient care, inpatient care, HMIS reports, laboratory services, pharmacy, TB, counseling and testing, ART, and PMTCT. A separate interview is administered to each health care worker providing HIV and AIDS-related services who are present on the day of the facility survey.

The Health Worker Interview is used to interview health service providers for information on their experience and on recent pre-service and in-service training they received in HIV and AIDS-related care and support provision.

AID Inc, Barbados was subcontracted by MEASURE Evaluation to conduct the data collection for Phase I of the Caribbean HSPA.

## **2.4 SAMPLING DESIGN**

The emphasis of the facilities inventory is on public facilities. However, if private or NGO facilities are a primary provider of AIDS-related services, the inventory is carried out in these facilities as well. A list of all public facilities (and all others, if available) and the AIDS-related services they provide in each country were first obtained through interviews with the National AIDS Program Coordinator.

### **2.4.1 Sample of Facilities**

Since HIV and AIDS services are not offered across all facility types and services are relatively scarce, it was important to collect data from all known sites where HIV and AIDS services are offered. This, however, results in the sample being disproportionately representative of these services. Given the small numbers of facilities included, all eligible facilities (i.e., the unweighted number) were included in an initial analysis, but in the analysis presented here, it is noted that only public facilities appear in the tables. Since the sample is not weighted, proportional representation of the data by type of facility and national-level percentages cannot be ascertained.

In each country, a number of facilities provide the majority of care and treatment to HIV positive individuals, such as ART, PMTCT, and laboratory services. In addition to facilities providing a broad spectrum of care, others provide AIDS-related services on a narrower scale, such as VCT for antenatal patients or tuberculosis care to HIV-positive individuals. Both types of facilities were included in the HSPA.

In Saint Lucia, hospitals, laboratories and larger health centers are well represented. However, some smaller health centers are not included in the sample, either because of the limited number of people served and services provided, the inaccessibility of the facility, or the unavailability of the health provider. The total number of public facilities surveyed in Saint Lucia was 12.

### **2.4.2 Sample of Health Service Providers**

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provide services assessed by the HSPA.



The selection was carried out to ensure that, if available, at least one provider from each service was interviewed. A provider is defined as a physician or a nurse who actually provides client services of some type (counseling, health education, or consultation services). Thus, for example, a nurse who only completes registers and who never provides any type of professional client services was not included in a group identified as eligible for interview.

To ensure that the relevant providers were interviewed in each facility, providers were selected without consideration of how well they represent of the qualification and number of staff who were assigned to the facility. Thus, the results of the health worker interviews are potentially biased because the staff present on the day of the survey may not be representative of the staff who normally provides the services of interest in the facility.

The main challenge to the health service provider component of the Saint Lucia HSPA was the rotating schedule of many of the providers. However, in most cases where a provider was not available to be surveyed in one facility, HSPA team members were able to survey him/her at a different facility on a different day. Another issue in the Saint Lucia HSPA was also related to facility staffing. Many facilities in Saint Lucia employ fewer health providers than expected and this resulted in the facility and health worker surveys being completed by the same person.

## **2.5 SURVEY IMPLEMENTATION**

### **2.5.1 Training and Supervision of Data Collectors**

Survey interviewers were primarily recruited from health care providers and social scientists experienced in HIV and AIDS services and knowledgeable about survey implementation and interviewing. A 2-week training for survey staff was carried out in Barbados by AID Inc. It included practical training and role-play in completing all questionnaires in health facilities of different types.

### **2.5.2 Data Collection Instruments**

Data were collected using structured printed instruments. These instruments are an adaptation of the HIV and AIDS Service Provision Assessment questionnaires developed by the MEASURE DHS+ project and were adapted after consulting with technical specialists from the MOH, USAID, and NGOs knowledgeable about the health services and service program priorities covered by the HSPA.

Operational definitions were developed for the health system components that were measured. These were revised during discussions after the pre-test. A training manual was developed and distributed to all data collectors to support standardized data collection.

### 2.5.3 Data Collection Methods

The survey was conducted between February and March 2005. Data collection consisted of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma and GPS readings of the geographic coordinates of each facility. Although some facility surveys include observation of providers to assess the quality of care provided and interview of patients upon exiting the service, these are not a part of the HSPA.

Each team received a list of facilities to be visited. Data collection took 1 day in most facilities, with 2 days being allocated to hospitals, if required. In addition, if one of the observed services, such as VCT or PMTCT for example, was not offered the day of the survey, or the health facility was closed for training or any other scheduled activity, the teams returned on a day when the service was offered or the facility was open for clients.

The team leader was instructed to ensure that the informant for each component of the facility survey was the most knowledgeable person for the particular health service or system component being addressed. Where relevant, the data collector indicated whether a specific item being assessed was observed, reported available but not observed, or not available, or whether it was uncertain that the item was available. Equipment, supplies, and resources for specific services were required to be in the relevant service delivery area or in an immediately adjacent room to be accepted as available. Informed consent was taken from the facility director and from all other interviewed respondents and interviewed providers. Data collection teams were supervised throughout the field activities, and re-interviews were implemented for selected sections of the questionnaires for quality control.

The geography of Saint Lucia and the distance between facilities increased travel time in comparison to some of the other survey countries. The team found that it needed more than the allocated time to adequately cover all facilities included in the HSPA, necessitating a return trip to the island to complete the assessment.

### 2.5.4 Process for Data Management and Report Writing

After the data were collected, local staff entered the results into CSPro using double data entry to ensure accurate keying of results. Two separate datasets were produced by (at least) two different data entry clerks. The two datasets were then compared for any keying errors. Errors found during the comparison were corrected to create a final dataset. This dataset along with the original questionnaires were sent to MEASURE Evaluation/University of North Carolina, which completed the data analysis using STATA®.

The country report was written by Macro International Inc. technical staff. St. George's University, Grenada, assisted with the final phase of the country report review and revisions. The final regional report will be written with input from Macro International



Inc. technical staff, and MOH officials responsible for the programs included in the survey.

### 2.5.5 Data Analysis and Conventions Followed in Developing the Indicators

The following conventions were observed during the analysis of the HSPA data:

- ▶ **Assessing the Availability of Items.** Unless specifically indicated, the HSPA considered observed items as available. HIV and AIDS services are frequently offered in a variety of service sites within large facilities. For example, HIV testing may be offered to clients who come to a VCT clinic, but also may be offered to sick clients attending different outpatient clinics as well as to inpatients on different types of inpatient units. Among elements identified for supporting the quality of services related to HIV and AIDS, some need only be at any location in a facility, with the assumption that all units can access the item (e.g., medicines, laboratory tests, facility-level policies). Recordkeeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are, and the existence of records in that site is verified, this verifies that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash hands or guidelines to remind them of information when providing services to a client. Thus, some items, such as those for infection control, and guidelines and protocols, need to be in the vicinity of each relevant service delivery area. The analyses of the quality of HIV and AIDS and related services for this survey follow the general conventions when determining whether a facility meets the standards defined as those necessary to provide quality services.
- ▶ **Provider Information.** Not infrequently, providers indicated that they “personally provided” a service that the facility did not offer. It may be that providers indicated services they provide outside the facility. For the HSPA, only providers from facilities that offered the service in question were included in the analysis.
- ▶ **Development of Aggregate Variables.** Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables monitoring of changes in capacity to provide services and changes in adherence to standards, since there may be improvements in some items but not in others. The aggregate variables presented in this report are based on definitions of the common indicators developed for the Presidential Emergency Plan for AIDS Relief Initiative by an international technical working group, comprising representatives from World Health Organization (WHO), UNAIDS, USAID, and other organizations, including NGOs that implement HIV and AIDS services. Each of these indicators has been defined in detail, and the components measured in a sample of health facilities. These indicators and their

components are an initial phase in the process of defining useful health information aggregates.

## 2.6 MAPPING FACILITIES

The mapping component of this data collection effort is in line with global trends to map health care facilities, such as the Service Availability Mapping (SAM) initiative by WHO. Maps are valuable tools for monitoring programs, and increasing their use will help increase the demand for and use of spatial data in the public health field. As a result of this exercise, maps of each country are made to illustrate the geographic distribution of services, which help to plan and monitor the scale-up of AIDS-related services. Interviewers were trained in the use of GPS units and geographic coordinates of the facilities were obtained during field work (for facilities included in the survey). Maps of the facilities are included in the final country reports.



## CHAPTER 3: RESULTS—CAPACITY TO PROVIDE SERVICES FOR HIV AND AIDS

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### 3.1 OVERVIEW

The National Coordinating Committee on HIV/AIDS (NACCHA) of Saint Lucia has developed a National HIV/AIDS Strategic Plan for 2004-2009 with technical assistance from the Caribbean Epidemiology Centre (CAREC), the Pan-American Health Organization (PAHO), and the World Health Organization (WHO). Strengthening national capacity to deliver an effective, coordinated and multisectoral response to the HIV and AIDS epidemic is one of the strategies outlined in Saint Lucia's 5-year strategic plan.<sup>31</sup> The capacity of the NACCHA, however, requires further expansion in order to address the services needed for HIV transmission prevention and optimal care and support of Persons Living with HIV and AIDS (PLWHA).

In addition to the key internationally recognized indicators for basic, advanced and other HIV and AIDS-related services, in the Caribbean there is an interest in the recent training of clinical staff in HIV and AIDS, the number of health workers providing HIV and AIDS-related services who have been recently trained in their specific area of service, the attitudes of health workers towards PLHIV, and the movement of clients within the region in search of HIV and AIDS services. The HSPA was modified to collect data on these region-specific indicators.

An international technical working group made up of representatives from WHO, United Nations program on HIV/AIDS (UNAIDS), USAID, and other organizations, including non-governmental organizations (NGOs) that implement HIV and AIDS services, has developed common indicators for measuring the quality of HIV and AIDS services provided through the formal health sector. The HSPA responds to and provides data on the following internationally accepted indicators. They fall into the following broad categories (1–5), with specific indicators listed below each, as necessary:

- I. Capacity to provide basic-level services for HIV and AIDS
  - I.1 Systems for testing and providing results for HIV infection
  - I.2 Systems and qualified staff for pre- and post-test counseling
  - I.3 Specific health services relevant to HIV and AIDS (TB, Malaria, STIs) including resources and supplies for providing these services
  - I.4 Elements for preventing nosocomial infections
  - I.5 Trained staff and resources providing basic interventions for prevention and treatment for people living with HIV and AIDS.

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<sup>31</sup> Saint Lucia National Coordinating Committee on HIV/AIDS. 2003. *The national HIV/AIDS strategic plan, 2005–2009*. Castries: Saint Lucia Ministry of Health



2. Capacity to provide advanced-level services for HIV and AIDS
  - 2.1 Systems and items to support the management of opportunistic infections and the provision of palliative care for the advanced care of PLWHA
  - 2.2 Systems and items to support advanced services for the care of people living with HIV and AIDS
  - 2.3 Systems and items to support antiretroviral combination therapy;
  - 2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS
  - 2.5 Conditions to support home care services; and
  - 2.6 Post-Exposure Prophylaxis (PEP).
3. Data availability and record keeping systems for monitoring HIV and AIDS and support
4. Capacity to provide services for prevention of Mother-To-Child transmission (PMTCT and PMTCT+)
5. Availability of youth-friendly services (additional indicator).

The indicators and components measured were part of the assessment of HIV and AIDS service provision in Saint Lucia that were collected through a sample of health facilities, and the results are reported below. The emphasis was on public facilities, although the inventory also included a sampling of private facilities where HIV testing and/or care services are provided.<sup>32</sup>

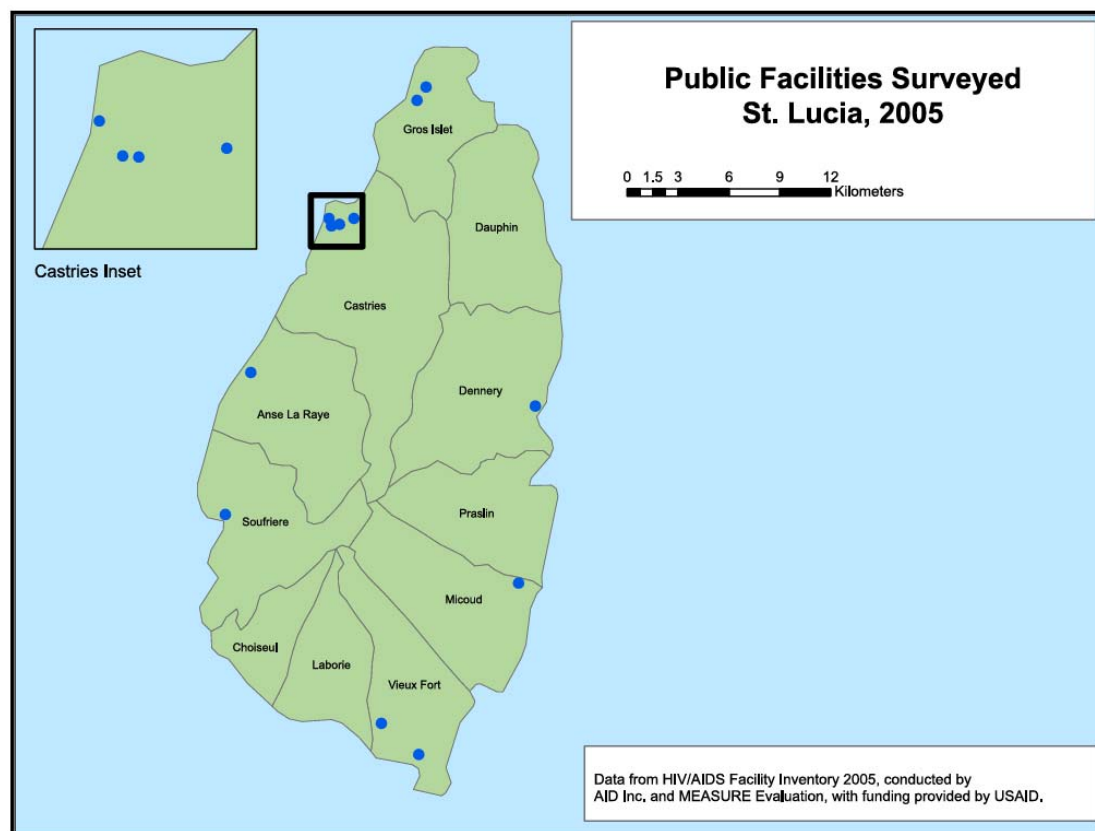
### 3.2 AVAILABILITY OF PROVIDERS AND SERVICES

The HSPA assessed the availability of trained staff and the quality of HIV and AIDS related services in Saint Lucia. Fifty-one service providers were interviewed to determine areas of service and related training along with attitudes towards PLHIV. As shown in Figure 3.2, 12 public facilities located in 11 parishes were surveyed.

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<sup>32</sup> MEASURE Evaluation. 2005. *Report of preliminary findings, phase I, Eastern Caribbean HIV/AIDS service provision assessment.*

Figure 3.2: Map showing the location of the public facilities surveyed, HSPA Saint Lucia 2005



The services that were assessed are components of either basic HIV and AIDS services or advanced HIV and AIDS services. These components of basic and advanced-level services, as well as PMTCT and youth-friendly services are described below:

- ▶ **Voluntary Counseling and Testing (VCT).** The survey defines a facility as having an HIV testing system in place if the facility offers counseling and HIV testing to clients, has a record of clients who received test results, and conducts the test or has an affiliated laboratory (or an agreement with a testing site to return test results to the facility). The analysis includes facilities in which an in-house laboratory performed HIV tests for diagnostic purposes and maintains records of the HIV test results, as well as facilities that maintain test results for lab/blood samples that were sent out for testing. Facilities that refer clients elsewhere are not defined as offering counseling and testing, since the referral location would be responsible for counseling, testing, and following up on test results with clients. (Basic-Level Services)
- ▶ **Care and Support Services (CSS).** Care and support services include any services that are directed toward improving the life of an HIV infected person. Treatment for opportunistic infections—those illnesses commonly associated with or worsened by HIV infection, such as tuberculosis, sexually transmitted infections, and malaria—are commonly a part of CSS. Other CSS may include palliative care, socio-economic



- support, and psychological support services. Infection control measures were also assessed for all service units assessed in each facility. (Basic-Level and Advanced-Level)
- ▶ **Antiretroviral Therapy (ART).** This refers to providing antiretroviral (ARV) medicines for treatment of the HIV infected person. (Advanced-Level)
  - ▶ **Post-Exposure Prophylaxis (PEP).** This refers to provision of ARV medicines for prevention of infection to persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available. (Advanced-Level)
  - ▶ **Prevention of Mother-To-Child Transmission (PMTCT).** A facility is defined as offering PMTCT services if any activities related to prevention of transmission from mother to child are offered. This may include counseling about exclusive breastfeeding for PMTCT only, or it may include all components of PMTCT services, such as provision of antiretroviral medicines during labor.
  - ▶ **Youth-Friendly Services (YFS).** This refers to facilities that have youth-friendly programs for HIV and AIDS related services and that have trained providers and guidelines for the services. Within a facility there should be observed policy/guidelines for YFS, at least one provider trained in providing YFS and the facility reports implementing YFS.

### 3.2.1 Region-Specific Findings

#### Training of Service Providers

In Saint Lucia, the HSPA surveyed 51 service providers from among the 12 public facilities sampled. The public facilities and provider information was broken down to identify facilities providing specific types of services, and among the facilities, the number of providers recently trained (within the last 3 years) in these specific service areas.

The HSPA explored several key indicators that are highlighted here, and which will be helpful in assessing the provider and service availability in Saint Lucia. Of the 12 public facilities surveyed in Saint Lucia, 3 out of the 5 facilities with an HIV testing system in place (Figure 3.2.1a) had at least one counselor trained in pre- and post-test counseling by CHART/JHU (Table 3.2.1a). An HIV testing system is defined in the HSPA as a facility offering counseling and testing, if clients are offered the HIV test, and then either the facility conducts the test or there is a system for the facility to receive results back and to follow-up clients post-testing. This is an important distinction to make, since in some countries it has been shown that HIV testing happens without a full system being in place or without pre- and post-test counseling.

Figure 3.2.1a: Map showing the location of the public facilities with an HIV testing system, HSPA Saint Lucia 2005

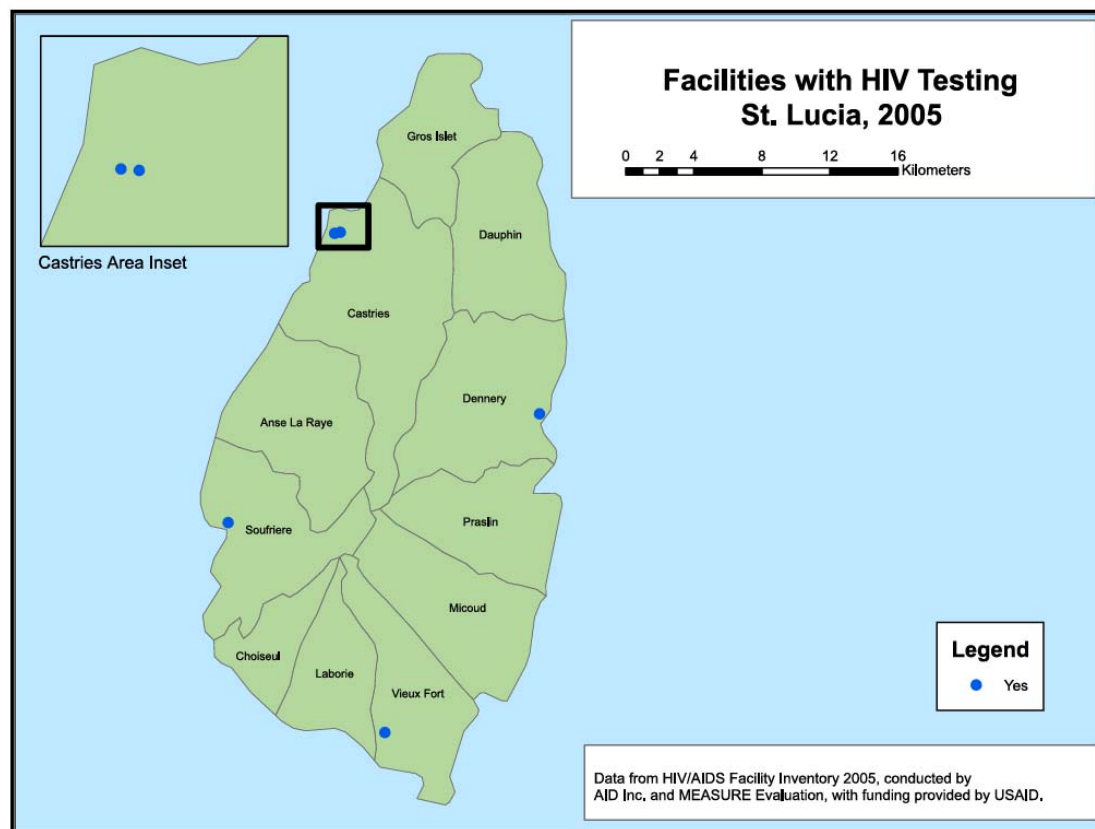


Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV testing system<sup>1</sup> (VCT), and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Saint Lucia 2005

Number of facilities sampled <sup>2</sup>	Number of sampled facilities with HIV testing system	Number of sampled facilities with HIV testing system with at least one counselor of pre and post test counseling trained by CHART
12	5	3

<sup>1</sup> Facility offers counseling and testing (on-site or off-site) and keeps records of having received test results.

<sup>2</sup> Includes only public facilities.

### Number of Clinical Sites Providing ART<sup>33</sup> by a CHART-Trained Provider

Two types of interviews were used to report on training of providers. Table 3.2.1b is based on the facility inventory where the person in charge of the facility was queried

<sup>33</sup> For the purposes of this assessment, ART is defined as prescribing ART, medical follow-up for ART clients, or ordering/prescribing lab tests to monitor ART.



about the level of staff training. Only one of the 12 public facilities surveyed offers antiretroviral therapy (ART) services, as shown in Table 3.2.1b below. This facility has a director of ART services and provides adherence counseling and counseling for ART medicines. No facilities reported providers who were trained by CHART/JHU. However, there is at least one trained provider of adherence counseling in the facility, although that person was not trained by CHART. Capacity in ART service provision is likely challenged by the relatively limited number of staff.

Table 3.2.1b: Training in ART by CHART as reported by public facilities, HSPA Saint Lucia 2005

Number of facilities	Number of facilities offering ART services	Number of facilities reporting a director of ART services	Number of facilities reporting a director of ART services trained by CHART/JHU	Number of facilities reporting provision of adherence counseling	Number of facilities reporting provision of any counseling for ART medicines	Number of facilities reporting at least one trained provider of adherence counseling	Number of facilities reporting at least one trained provider of adherence counseling trained by CHART
12	1	1	0	1	1	1	0

Tables 3.2.1c and d are based on the responses from health workers interviewed about the training they received. The one facility that provides ART services had at least one provider of adherence counseling for ART trained in ART adherence. Table 3.2.1c provides information on the number of facilities with at least one trained provider of ART. The health worker providing ART who was interviewed did not receive any training by CHART or any training on any of the other indicators collected; prescribing ART, medical follow-up for ART, or ordering or prescribing lab tests for monitoring ART clients.

Table 3.2.1c: Number of facilities with at least one CHART-trained provider in ART as reported by interviewed providers,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities	Number of facilities with at least one trained provider in/of:							
	Adherence counseling for ART	Adherence counseling for ART who reported being trained by CHART	Pre-scribing ART	Prescribing ART who reported being trained by CHART	Medical follow-up for ART	Medical follow-up for ART who reported being trained by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART
12	1	0	0	0	0	0	0	0

<sup>1</sup>Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

The questionnaire completed as part of the health worker interview elicited similar results. Table 3.2.1d reports on the number of health workers trained in ART. Two health workers reported that they were trained in adherence counseling for ART. The training was not done by CHART (Table 3.2.1d).

Table 3.2.1d: Number of CHART-trained providers of ART as reported by interviewed providers,<sup>1</sup> HSPA Saint Lucia 2005

Number of providers	Number of trained providers in/of:							
	Adherence counseling for ART	Adherence counseling for ART who reported being trained by CHART	Pre-scribing ART	Prescribing ART who reported being trained by CHART	Medical follow-up for ART	Medical follow-up for ART who reported being trained by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART
12	2	0	0	0	0	0	0	0

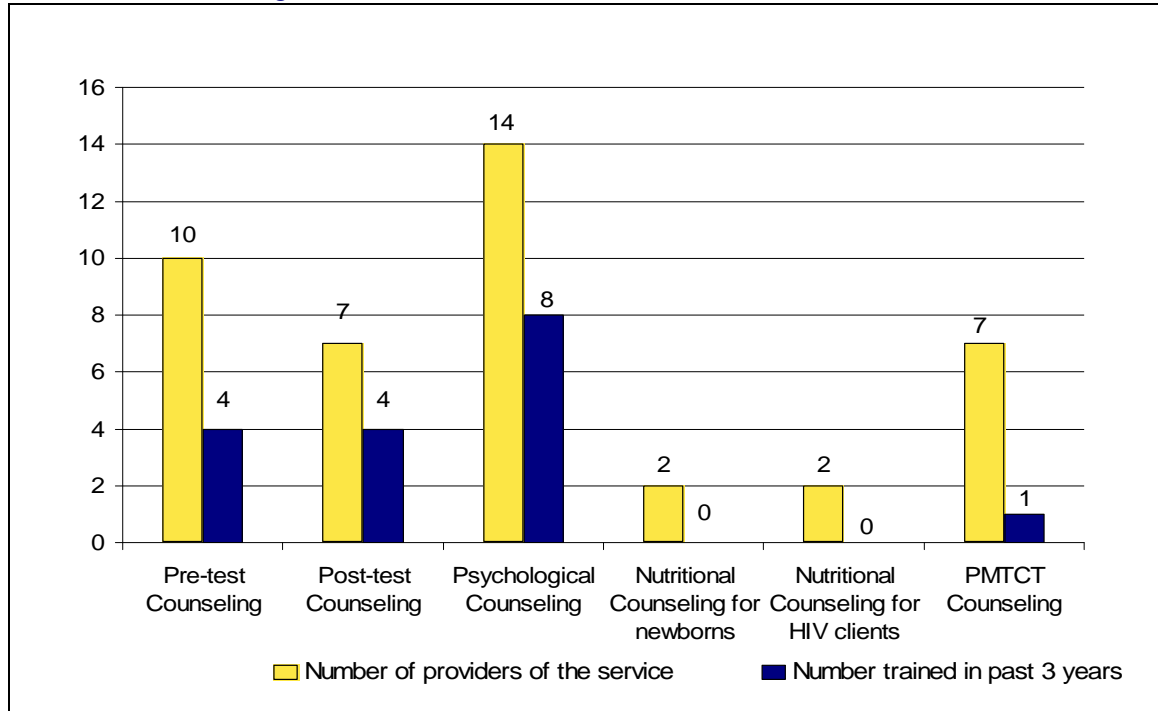
<sup>1</sup>Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

### Proportion of Providers of HIV and AIDS-Related Services Who Are Trained in Those Services

An assessment of this indicator has focused on basic HIV and AIDS-related services. More details on basic services are reported in Section 3.3, and advanced services are reported under Section 3.4. The HSPA looked at providers of HIV and AIDS-related services and their specific area of service provision, and of those who had been trained recently (within the last 3 years). Figure 3.2.1b shows the number of providers of counseling services of the 51 total providers surveyed.



Figure 3.2.1b: Number of providers of HIV and AIDS-related counseling who were trained in their area of counseling, HSPA Saint Lucia 2005



The data illustrate that few providers received recent training in HIV and AIDS-related counseling services. Six types of counseling are identified in Figure 3.2.1b. Psychological counseling had the highest number of providers (14) as well as the highest number of providers trained in the last 3 years (8). Nutritional counseling is even further behind, with only 2 providers out of 51 providing nutritional counseling for newborns and 2 providing nutritional counseling for HIV clients. Of those, none were trained recently. Training appears to be rather uneven, since it was reported that of the seven providers of PMTCT counseling, one received training in the last 3 years.

It is also important to look at the proportion of providers who see and/or treat some of the common diseases often linked with HIV and AIDS, including STIs, malaria and TB. Although it is a standard disease area assessed in the HSPA, it should be noted that malaria is not a major concern in Saint Lucia. Table 3.2.1e shows the number of providers of STI and malaria diagnoses/treatment and TB services who were trained recently. As to be expected, malaria diagnosis and treatment has the lowest number of those trained. The number of providers of STI diagnosis/treatment, malaria diagnosis/treatment, and TB services represent 29 percent, 10 percent, and 43 percent, respectively of the total providers in the HSPA for Saint Lucia. Only two providers of STI services received training in STI diagnosis/treatment in the last 3 years, and one of five providers of malaria diagnosis/treatment received training in the last 3 years. The greater number of providers and the greater proportion who received training in the last 3 years was in TB services. TB becomes more of a risk and concern for the health

system as HIV prevalence rises. In people without HIV, the lifetime risks of active TB are 5 percent to 10 percent, and rise to 50 percent in those with HIV.<sup>34</sup>

Table 3.2.1e: Of the public facilities sampled, number of providers of STI and malaria /treatment and TB services who were trained in the last three years, HSPA Saint Lucia 2005

Total number of providers	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services <sup>1</sup>	
	Number of providers of the service	Number of providers trained within last 3 years	Number of providers of the service	Number of providers trained within last 3 years	Number of providers of the service	Number of providers trained within last 3 years
51	15	2	5	1	22	9

<sup>1</sup> TB services defined as: clinical diagnosis, sputum diagnosis, prescription of treatment, follow-up treatment, or DOTS.

### 3.2.2 Service Provider Stigma

Provider stigma can play a major role in the quality of services provided to PLHIVs. One study and literature review completed in Barbados found that “generally, health care settings with high levels of fear and discriminatory practices have few measures in place to reduce the risk of occupational exposure as well as no management protocols and policy guidelines for dealing with HIV and AIDS. The survival rate for HIV and AIDS patients is higher among practitioners with more experience in HIV and AIDS management. Service providers need to be more aware of how their prejudices affect client’s health-seeking behavior and develop sensitivity to enable them to effectively work with people with HIV and AIDS.”<sup>35</sup>

To provide an estimate of the proportion of providers of HIV and AIDS-related services reporting accepting attitudes towards PLHIV,<sup>36</sup> a composite indicator was constructed to measure provider stigma. The indicator is derived from providers’ responses (recorded on a 4-point Likert scale) of agreement or disagreement with the following series of statements. Respondents with a positive score of 6 out of the following 6 questions are considered to have accepting attitudes towards PLHIVs:

1. People who are infected with HIV should not be treated in the same place as other patients in order to protect other patients from infection.
2. People with HIV are generally to blame for getting infected.

<sup>34</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med*, 12(5), 144–149.

<sup>35</sup> Massiah, E., T. C. Roach, C. Jacobs, et al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health*, 16(6), 395–401, 397.

<sup>36</sup> Performance Management Plan. Regional Strategic Objective 10: Enhanced Caribbean Response to the HIV/AIDS Epidemic. USAID/J-Car. December 31, 2005.



3. Providing health services to people infected with HIV is a waste of resources since they will die soon anyway.
4. Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.
5. Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.
6. You avoid touching clients' clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.

Four of the six items are related to internationally recognized measures of health worker attitudes toward PLHIV (1-4) and health worker comfort working around PLHIV (6).<sup>37</sup> Item 5 was adapted locally to further explore health worker stigma. In Saint Lucia, of the 51 public providers surveyed, 65 percent responded with accepting attitudes toward PLHIVs (Table 3.2.2).

Table 3.2.2: Of the public facilities sampled, percentage of providers with an accepting attitude towards People Living with HIV/AIDS,<sup>1</sup> HSPA Saint Lucia 2005

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
51	65

<sup>1</sup>Based upon six questions related to HIV/AIDS stigma.

### 3.2.3 Patient Movement within the Region to Access Services (ART and PMTCT)

With the creation of the Caribbean Community (CARICOM) Single Market and Economy (CSME) in 1989 for the purpose of advancing integration and promoting economic growth in the region, there has been an anticipated increase in migrant labor. Such population mobility is likely to increase the spread of HIV and burden the HIV and AIDS response and treatment of National AIDS Programs (NAPs) in the region.<sup>38</sup>

Table 3.2.3 illustrates that there is some record of provision of ART and PMTCT services to residents of other countries. Two of the five public facilities offering PMTCT services reported providing any PMTCT to residents of other countries, although neither reported ARV provision to residents of other countries during the month preceding the HSPA. No ART patients reportedly live outside Saint Lucia. However, mechanisms to track movement of PLHIVs around the region are not in place, which would make additional or regular follow-up of these clients difficult. The HSPA has no information on the number of residents who sought services outside of Saint Lucia, therefore the “full picture” of migration for health services is difficult to assess.

<sup>37</sup> 2005. Working Report Measuring HIV Stigma: Results of a field test in Tanzania. Social and Scientific Systems, Inc. The Synergy Project. Washington, DC: pp. 58–76.

<sup>38</sup> MEASURE Evaluation. 2005. The implications of a Caribbean community (CARICOM) single market and economy (CSME) for population mobility and the spread of HIV. Calverton, MD: ORC Macro.

Nevertheless, this might be something to study further and to assess whether programs, countries and the region should address it. It has been reported elsewhere that due to high levels of stigma and discrimination, people often seek services outside their own health districts in order to remain anonymous. It is well known that people travel long distances, even to other countries, for care and treatment of HIV. This underlines the need not only for urgent measures to reduce stigma, but also the importance of having high-quality services available throughout the region.<sup>39, 40</sup>

Table 3.2.3: Provision of ART and PMTCT services to residents of other countries, by public facilities I HSPA Saint Lucia 2005

Number of facilities	Number of facilities offering ART service	Of those offering ART, number with ART patients that live in another country	Number of facilities offering PMTCT services	Of those offering PMTCT, number that:	
				Report any PMTCT service provision to residents of other countries	Report providing ARV prophylaxis to residents of other countries during the last month
12	1	0	5	2	0

### 3.3 BASIC-LEVEL SERVICES FOR HIV AND AIDS

#### 3.3.1 Availability of Basic-Level Services

The HSPA conducted in Saint Lucia assessed two different levels of services for HIV and AIDS—basic and advanced. Both are mentioned briefly in Section 3.2. This section will review the results of basic-level services for HIV and AIDS, which includes voluntary counseling and testing for HIV (VCT), services for related HIV and AIDS care and support (TB, STIs, malaria, and infection control), and basic-level treatment of opportunistic infections and palliative care. In this report, a facility is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered. Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Of the 12 public facilities, only 5 reported having the elements that constitute an HIV testing system; 10 provided STI services, and four offered TB diagnostic or treatment services of any kind, 2 offer malaria treatment services, 7 offer treatment for opportunistic infections for HIV and AIDS clients, and 6 offer palliative care for HIV and AIDS clients (Table 3.3.1).

<sup>39</sup> Pan American Health Organization. Access to care for people living with HIV/AIDS. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. World Health Organization: Washington, DC: 26-30 September 2005, p. 11.

<sup>40</sup> MEASURE Evaluation. 2005. The implications of a Caribbean community (CARICOM) single market and economy (CSME) for population mobility and the spread of HIV. Calverton, MD: ORC Macro.



Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Saint Lucia 2005

Total number of facilities	Number of facilities with HIV testing system	Number of facilities offering STI services	Number of facilities offering any TB diagnostic or treatment services	Number of facilities offering malaria treatment services	Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Number of facilities offering palliative care for HIV/AIDS clients
12	5	10	4	2	7	6

### 3.3.2 Voluntary Counseling and Testing

As previously noted, this survey defines a facility as having an HIV testing system if the facility offers counseling and HIV testing to clients and has a record of clients who received test results, whether the laboratory work was performed onsite or sent out for testing. A facility in which clients are simply referred elsewhere with the expectation that the other location counsels and follows up on test results was not defined as offering counseling and testing, and hence does not qualify as having an HIV testing system. Table 3.3.2 shows that of the 12 public facilities in Saint Lucia that offer basic HIV and AIDS-related services, 5 have an HIV testing system. Of those five facilities, all offer STI services, three offer TB diagnostic or treatment services, two offer malaria treatment services, three provide treatment for OIs for HIV and AIDS clients, and two provide palliative care for HIV and AIDS clients.

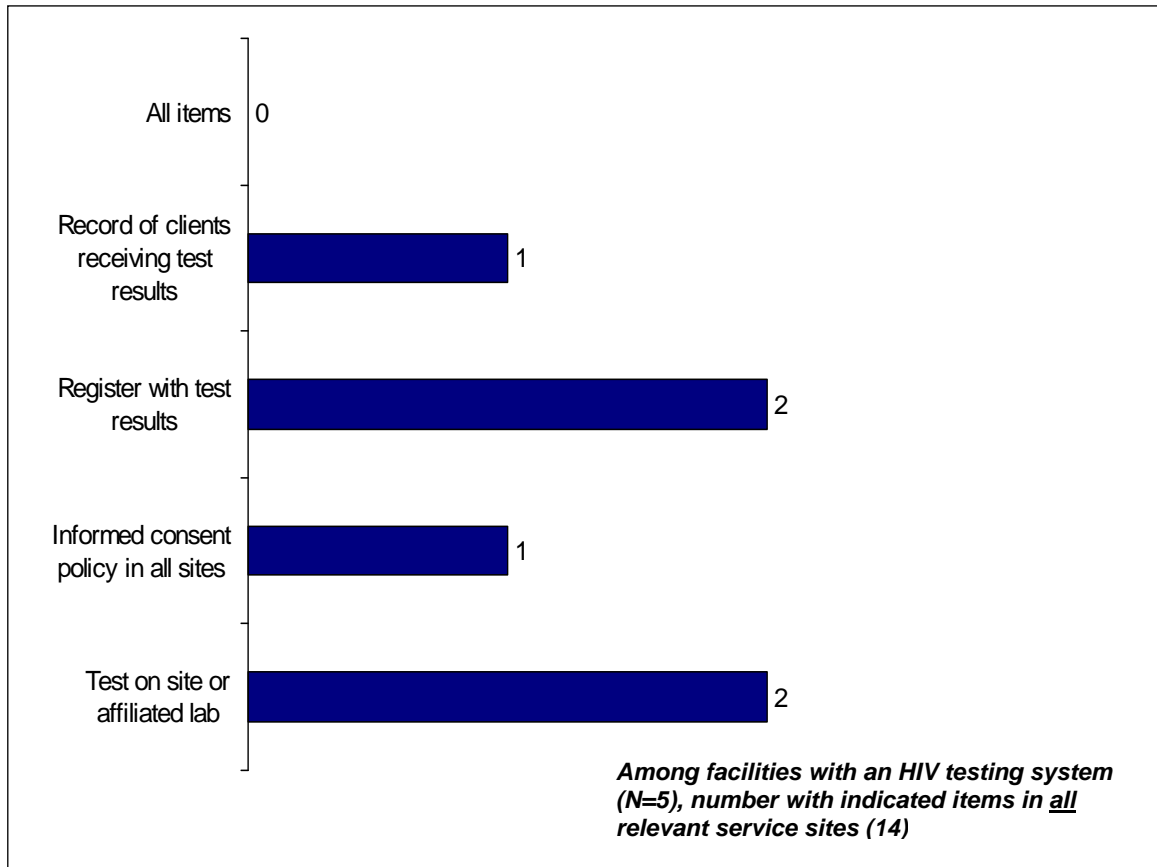
Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV testing system, HSPA Saint Lucia 2005

Total number of facilities	Number of facilities with HIV testing system	Among facilities with an HIV testing system:				
		Number of facilities offering STI services	Number of facilities offering any TB diagnostic or treatment services	Number of facilities offering malaria treatment services	Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Number of facilities offering palliative care for HIV/AIDS clients
12	5	5	3	2	3	2

As shown in Figure 3.3.2a, the five facilities with an HIV testing system included 14 sites with an HIV testing system. Two of the five offered an HIV test in the facility or an affiliated lab. In three of the five facilities, either an HIV test was available or records were observed that provided results for tests conducted outside the facility. That leaves two facilities which have an HIV testing system that neither conduct the HIV test onsite nor do they have records with test results from testing conducted outside of the facility. An informed consent policy for HIV testing was observed in all relevant service sites of only one facility. In two facilities, a register with HIV test results was observed, while

records for clients receiving HIV test results were observed in only one facility. No facilities had all items for the indicator; the availability of an HIV test in the facility or an affiliated lab, observed records of results, an informed consent policy for HIV testing, a register for HIV test results, and a record of clients having received HIV test results.

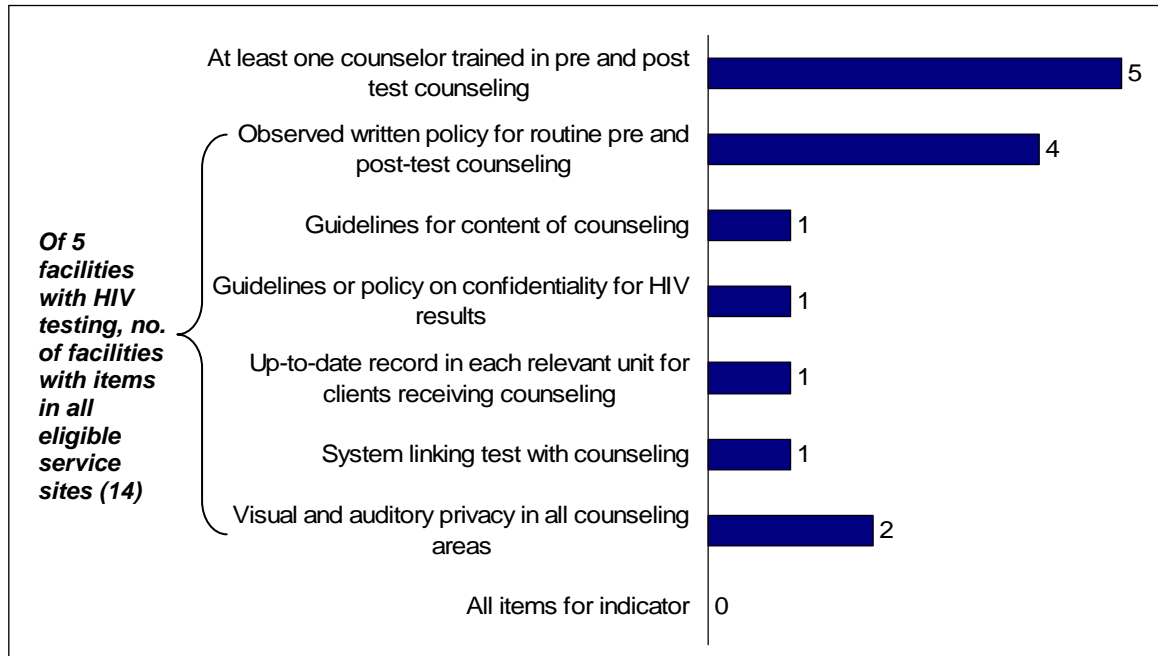
Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Saint Lucia 2005



Systems and trained counselors are needed to ensure full coverage of quality HIV testing and counseling services. Among the five public facilities that provide basic HIV and AIDS-related services with an HIV testing system in Saint Lucia, all five had at least one counselor trained in pre- and post-test counseling assigned to a counseling and testing site (Figure 3.3.2b).



Figure 3.3.2b: Systems and qualified staff for pre- and post-test counseling, HSPA Saint Lucia 2005



Since “stigma, shame and denial also surround HIV and AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues,”<sup>41</sup> in a site or facility offering HIV testing and counseling, it is important to have privacy to respect confidentiality of the client. Visual and auditory privacy are required in all counseling areas. There are two facilities of the five with an HIV testing system with this type of privacy available in all eligible service sites (Figure 3.3.2b). It should be noted that none of the facilities met the strict definition of having all items present for a system for pre- and post-test counseling.

### 3.3.3 Services and Service Conditions Relevant to HIV and AIDS Care and Support

#### Availability of Services

Care and support services (CSS) for PLHIV include any services that are directed towards improving the life of PLHIV. Such services most often include treatment for OIs. Among the OIs are illnesses commonly associated with or worsened by HIV infection, such as TB, STIs, and malaria. Programs to “Roll Back Malaria” are being addressed in conjunction with those addressing HIV and AIDS, TB, and STIs, to decrease the most serious underlying causes of death and disease. Following is information on the availability of services for each of these illnesses.

<sup>41</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17 (Supplement 1), S9–S25, p. S10.

The HSPA surveyed public facilities to assess whether or not they offer any care or support services and if, among those facilities, other services were offered under the definition of HIV and AIDS basic services. As shown in Figure 3.3.3a, there were 10 such facilities.

Figure 3.3.3a: Location of facilities providing care and support services, Saint Lucia HSPA 2005

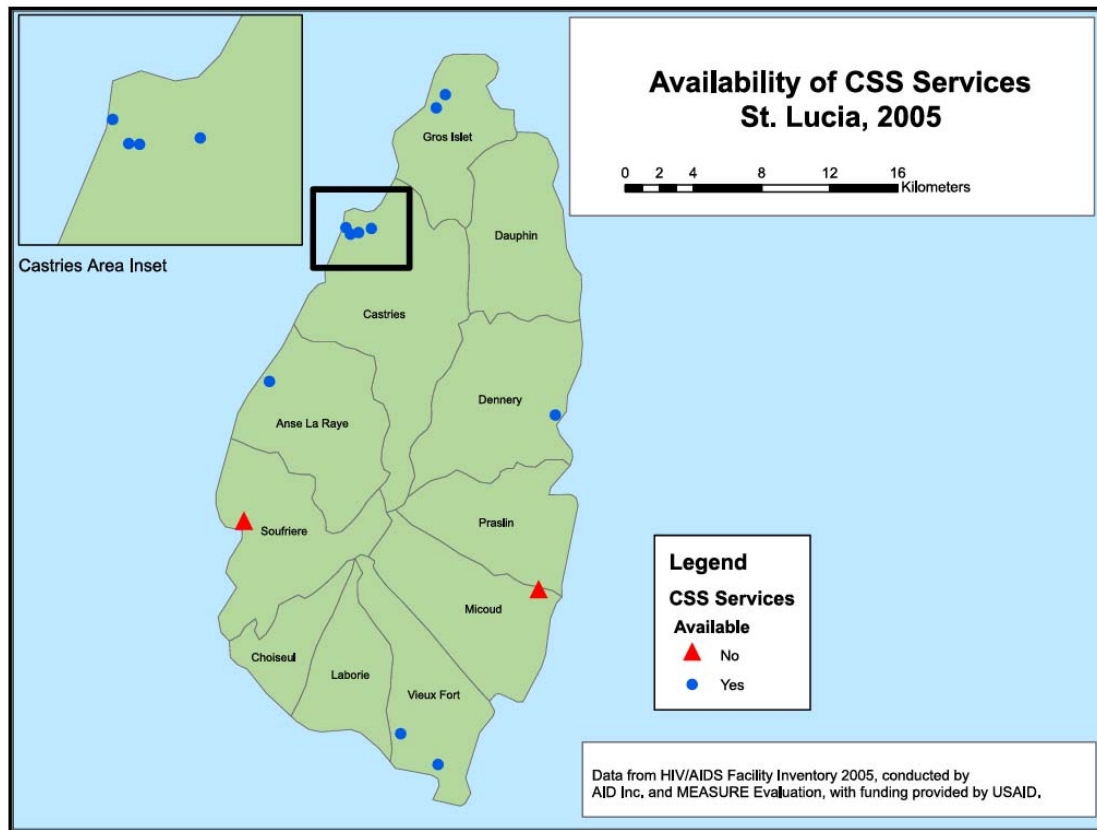


Table 3.3.3a illustrates that of the public facilities in Saint Lucia that offer basic HIV and AIDS-related services, 10 of them offer CSS to HIV and AIDS clients. From among the 10 facilities that reported offering CSS, only 3 have an HIV testing system in place, 7 offer STI services, only 2 offer any diagnosis and treatment for tuberculosis, and 2 offer malaria treatment services. Of the facilities providing CSS of PLHIV, it would be expected that more than 2 out of 10 would provide TB diagnosis and treatment services.



Table 3.3.3a: Basic HIV/AIDS-related service provision by public facilities that offer any care or support services (CSS),<sup>1</sup> HSPA Saint Lucia 2005

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients:			
		Number with HIV testing system	Number offering STI services	Number offering any TB diagnostic or treatment services	Number offering malaria treatment services
12	10	3	7	2	2

### Supportive Management

In addition to the provision of services, supportive management practices are required to ensure the quality of those services (Table 3.3.3b). This includes recent pre- or in-service training of providers and regular supervisory visits to service providers. A study of public and private physicians in Barbados found that some (especially those who graduated in or before 1984) had not received recent training in HIV and AIDS care and support.<sup>42</sup> In 5 of the 12 facilities, at least half of the interviewed providers of TB, malaria, or STI services in St. Lucia had received pre- or in-service training during the past 3 years (Table 3.3.3b). The same number of facilities (5 of 12) reported having at least half of the interviewed providers of TB, malaria or STI services personally supervised at least once during the past 3 months. In countries with some human resource constraints for HIV and AIDS services and possible lack of consistent funding, this could be an area to look at scaling up from a regional perspective.

Table 3.3.3b: Number of facilities with supportive management practices for health service providers who treat infections relevant to HIV/AIDS,<sup>1</sup> HSPA Saint Lucia, 2005

Number of facilities	Number of facilities with:	
	At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months
12	5	5

<sup>1</sup> Number of public facilities having the indicated conditions to support health service providers.

### Tuberculosis Services and Service-Related Conditions

TB is one of the most common OISs associated with HIV and AIDS and is one of the leading causes of death in HIV infected persons. With the pandemic of HIV and AIDS

<sup>42</sup> Massiah, E., T. C. Roach, C. Jacobs, et al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health*, 16(6), 395–401, p. 5.

the incidence of TB was noted to increase, and with this came an increased risk of drug resistance. It is estimated that one-third of the 40 million people living with HIV and AIDS worldwide are co-infected with TB. People who are both HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than HIV-negative people.<sup>43</sup>

TB diagnosis and treatment is considered an essential component of care for HIV and AIDS clients. The World Health Organization advocates the use of the Direct Observed Treatment Short-course (DOTS) strategy for TB treatment to improve compliance with full treatment.

Generally accepted standards for quality of TB services include the following key elements:

- ▶ Diagnosis based on sputum smear, with backup or confirmation using x-ray
- ▶ Records that indicate newly identified cases, and that monitor the course of treatment and client adherence to the treatment protocol
- ▶ Standard guidelines and protocols for the TB diagnostic and treatment regime
- ▶ A continuous supply of the TB treatment regime for each patient.

TB is a major co-infection in the greater Caribbean region.<sup>44</sup> In addition to providing high-quality treatment for diagnosed cases of TB, it is advocated that all newly diagnosed HIV-infected persons be screened for TB (and that all newly diagnosed TB patients be screened for HIV). Preventive treatment for TB, using isoniazid (INH) in HIV-infected persons who might not yet have TB but who may have been infected is advocated in some instances, but is not, at present, advocated as a routine intervention. There are seven tuberculosis (TB) treatment sites across the four facilities offering any TB services in St. Lucia, and all four facilities report following DOTS (Table 3.3.3c). Tables 3.3.3c, d, and e illustrate different service conditions for TB treatment in Saint Lucia.

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<sup>43</sup> World Health Organization. 2005. Frequently asked questions about HIV and TB. Available at <http://www.who.int/tb/hiv/faq/en/index.html>.

<sup>44</sup> Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, 12(5).



Table 3.3.3c: Tuberculosis services,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities offering any TB services	Number of TB service sites	Among facilities offering any TB services, number reporting they follow indicated treatment strategy <sup>2</sup>			Among facilities offering any TB services, number with:			
		DOTS <sup>3</sup>	Follow-up treatment only <sup>4</sup>	No direct observation component <sup>5</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites where TB treatment is offered	All first-line TB medicines available <sup>6</sup>	All items for TB indicator <sup>7</sup>
4	7	4	1	0	3	0	2	0

<sup>1</sup> Number of public facilities having the indicated components for management of tuberculosis (TB).

<sup>2</sup> More than one treatment strategy may apply if facility offers TB services from multiple sites.

<sup>3</sup> Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>4</sup> Follow-up clients after intensive treatment offered elsewhere.

<sup>5</sup> Provides initial TB treatment but no direct observation component.

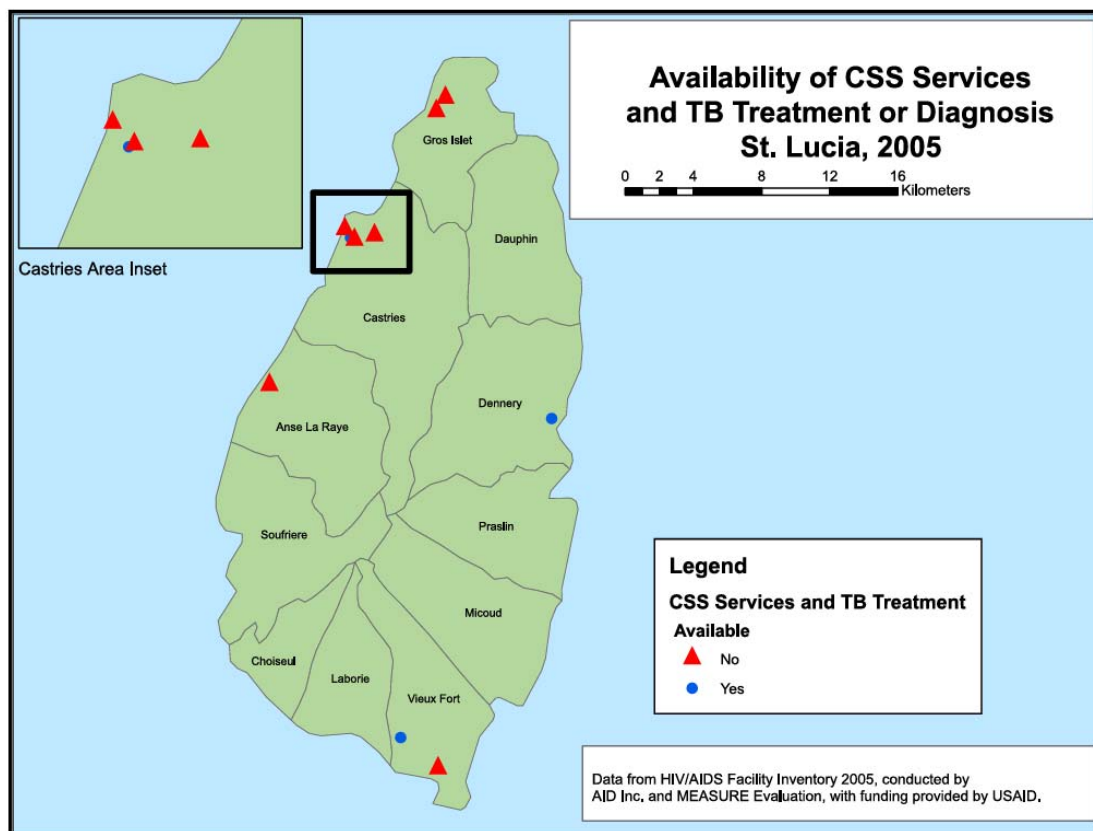
<sup>6</sup> Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

<sup>7</sup> Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

Only one of the facilities that follows DOTS also provides follow-up treatment to clients who were treated elsewhere (Table 3.3.3c). Among those facilities offering TB services, three had a client register that could be observed and none had a TB treatment protocol observed at all sites in the facility. Only two facilities had all first-line TB medicines available.

When the HSPA considered provision of TB services among facilities that offer CSS for HIV and AIDS clients, the numbers were comparable (Figure 3.3.3b). Only three facilities offering CSS provided any TB services.

Figure 3.3.3b: Availability of CSS and TB treatment or diagnosis, Saint Lucia HSPA 2005



There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and treating the two in co-infection situations, since the provision of ART and TB medication would need special attention. Further, providers of HIV and AIDS services need to stay abreast of new information and indications for preventing and treating opportunistic diseases that reflect the breadth of co-infection concerns.<sup>45</sup>

Of the four facilities that provide any TB diagnostic or treatment services (out of the 12 facilities surveyed in Saint Lucia), three facilities diagnose TB using a sputum test, but only two of those have all of the items for conducting a sputum test for TB, and two had an observed record of sputum test results (Table 3.3.3d). Among the three facilities diagnosing TB using X-ray, only two had X-ray capacity (Table 3.3.3d).

<sup>45</sup>Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med*, 12(5),144–149, pp. 136, 147 and 149.



Table 3.3.3d: Resources and supplies for diagnosing tuberculosis,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities	Number of facilities with any TB diagnostic or treatment services <sup>2</sup>	TB diagnosis using sputum				TB diagnosis using X-ray	
		Among facilities diagnosing TB using sputum, number with:			Number of facilities diagnosing TB using sputum test	Among facilities diagnosing TB using X-ray, number with X-ray capacity <sup>5</sup>	Number of facilities diagnosing TB using X-ray
		All items for conducting sputum test for TB <sup>3</sup>	Observed record of sputum test results	All items for indicator <sup>4</sup>			
12	4	2	2	2	3	2	3

<sup>1</sup> Number of public facilities with the indicated tuberculosis (TB) diagnostic elements.

<sup>2</sup> Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>3</sup> Includes sputum microscopy, culture, or rapid test.

<sup>4</sup> All items for conducting test with observed record of test results.

<sup>5</sup> Facility reports performing X-rays for diagnostic purposes.

All four facilities with TB diagnostic or treatment services reported that they are part of a national DOTS program and follow the DOTS strategy. A client register for DOTS was observed in two facilities following the DOTS strategy (Table 3.3.3e). In only one of these facilities was a TB treatment protocol observed in all eligible service sites. Two facilities had all first-line TB medicines available. Therefore only one facility of the four that provide TB diagnostic or treatment services has all items for the TB indicator.

Table 3.3.3e: Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS),<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities	Number of facilities with indicated TB activities			Among facilities following DOTS strategy, number with:				Number of DOTS strategy service sites
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>2</sup>	Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available <sup>2</sup>	All items for TB indicator <sup>3</sup>	
12	4	4	4	2	1	2	1	4

<sup>1</sup> Number of public facilities having the indicated components for management of tuberculosis (TB).

<sup>2</sup> Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>3</sup> Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

<sup>3</sup> Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

To scale up services to diagnose and rapidly treat patients for TB, it might be beneficial to consider the feasibility of modeling the Haiti system, in which TB testing and diagnosis is performed if patients present for an HIV test with a cough and if possible were treated the same day and co-infected persons were followed up and treated with the appropriate medication. Linking these two services (TB diagnosis and HIV testing and counseling) might provide a beneficial opportunity to catch and co-treat the two infections.<sup>46</sup>

### **Sexually Transmitted Infections Services and Service-Related Conditions**

Not only is the most common method of transmission of HIV and AIDS through sexual activities, but there is also a well documented link between other sexually transmitted infections (STIs) and the risk of contracting HIV. Service locations where STIs are treated are prime locations for activities for detection and prevention of HIV and AIDS. In addition, persons with HIV and AIDS are at higher risk than the general population for contracting syphilis. Thus, screening and diagnosis and treatment for STIs, including syphilis, is a basic service that should be provided to all at-risk clients.

Generally accepted standards for quality of STI services include the following key elements:

- ▶ Diagnostic and treatment guidelines should be available in all service sites where STI diagnosis and treatment are offered.
- ▶ The probability that a client will receive the correct medicine, in the correct treatment dosage, is improved if the facility can provide the necessary medicine prior to the client's departure.

In addition, laboratory diagnosis is important as it may be the only means for confirming the presence or absence of many STIs. International experts also advocate that all newly diagnosed HIV and AIDS clients be screened for syphilis.

While 10 of the 12 public facilities surveyed (and 19 STI treatment service sites across these 10 facilities) offer STI services, an STI treatment protocol was not observed in all relevant units of any facility (Table 3.3.3f). All STI medicines were available in 6 of the 10 facilities, and condoms were available in any service area or pharmacy in 5 of the 10 facilities. No facility had all the items available for STI services (i.e., observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy).

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<sup>46</sup> Ibid, p. 145



Table 3.3.3f: Diagnosis and treatment for sexually transmitted infections,<sup>1</sup> HSPA Saint Lucia 2005

Total number of facilities	Number of facilities that offer STI services	Number of STI treatment service sites	Among facilities offering STI services, number with:			
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility <sup>2</sup>	Condoms in any service area or pharmacy	All items for STI services <sup>3</sup>
12	10	19	0	6	5	0

<sup>1</sup> Number of public facilities having the indicated components for management of sexually transmitted infections.

<sup>2</sup> At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tindazole, or miconazole vaginal suppository).

<sup>3</sup> Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

### Malaria Services and Service-Related Conditions

Although malaria is not a major disease concern in Saint Lucia, it was assessed in the HSPA (Table 3.3.3g). As such, the low numbers in this area should not be seen as completely negative. However, if a patient with malaria were to present him/herself to the health system for care, both of the two facilities that reported that they offer malaria treatment services had antimalarial medicines observed. Of the two facilities that offered malaria treatment services in Saint Lucia (and three malaria treatment service sites across the two facilities), no facility had a malaria treatment protocol observed in all relevant sites.

Table 3.3.3g: Malaria diagnosis and treatment,<sup>1</sup> HSPA Saint Lucia 2005

Total number of facilities	Number of facilities that offer malaria treatment services	Number of malaria treatment service sites	Among facilities offering malaria services, number with:		
			Observed malaria treatment protocol in all relevant units	Any antimalarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility
12	2	3	0	2	0

<sup>1</sup> Number of public facilities having the indicated components for management of malaria.

### Infection Control

Nosocomial infections—those infections that originate or occur in a hospital or hospital-like setting—are a significant problem to patients with a compromised immune system. Nosocomial infections result from three factors occurring in tandem: a high

prevalence of pathogens, a high prevalence of compromised hosts, and efficient mechanisms of transmission from patient-to-patient.<sup>47</sup>

Infection control practices need to be followed in all sites where cross-infection between clients or between providers and clients is possible. Items for infection control that should be in every service site (or in close enough proximity that a provider could reasonably be expected to use it when needed) include the following:

- ▶ Soap and running water, for hand washing
- ▶ A chlorine-based mixture for decontaminating equipment, prior to cleaning and processing for reuse
- ▶ Latex examination gloves
- ▶ A “sharps” container, for immediately placing needles and blades to prevent injury and transmission of blood-borne infections.

In addition, written guidelines are important to reinforce to all staff the expected infection control practices that should be followed.

Figure 3.3.3c shows the number of facilities that have the infection control items at all of the sites within the facility. While 11 of the 12 public facilities surveyed in St. Lucia had running water, soap, and latex gloves for infections control in all relevant service areas within the facility, 10 had a sharps box and only eight facilities had chlorine solution available in all relevant service areas. Only 7 of the 12 public facilities had all items for infections control present in all relevant service areas in the facility (Figure 3.3.3d).

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<sup>47</sup> Abedon, S. T. 1998. (Supplemental lecture). Available at <http://www.mansfield.ohio-state.edu/~sabedon/biol2053.htm>.



Figure 3.3.3c: Elements at public facility service sites for preventing nosocomial infections, HSPA Saint Lucia 2005

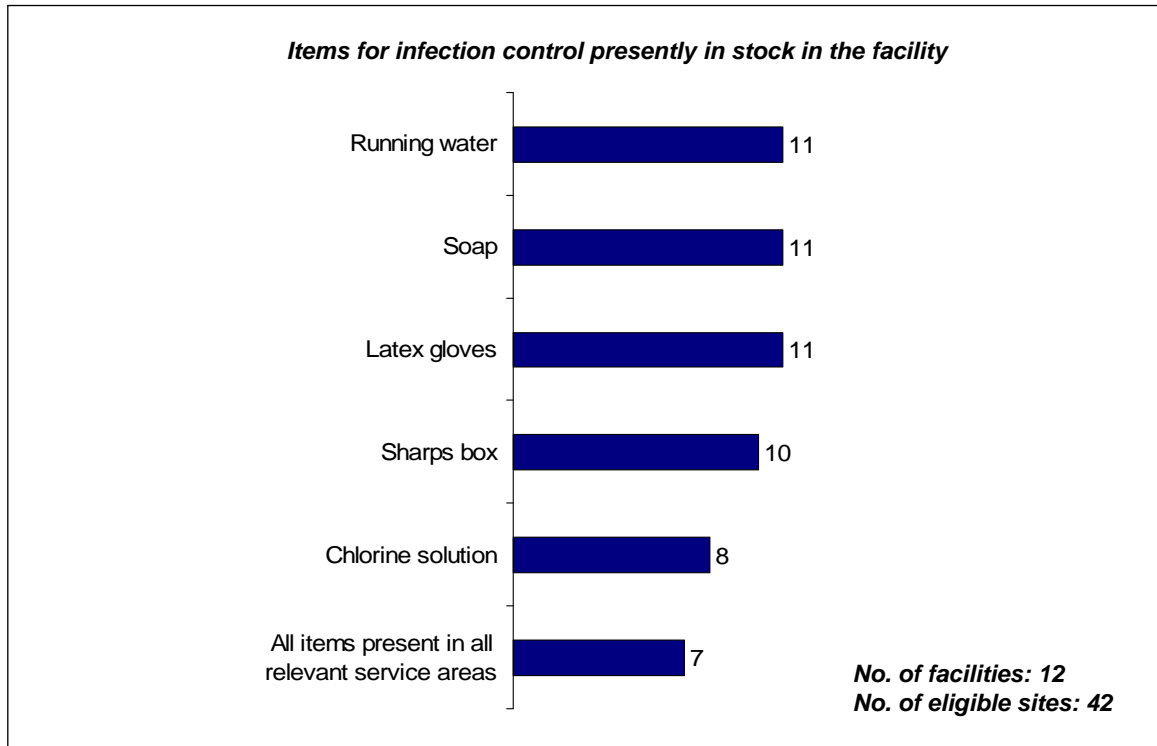
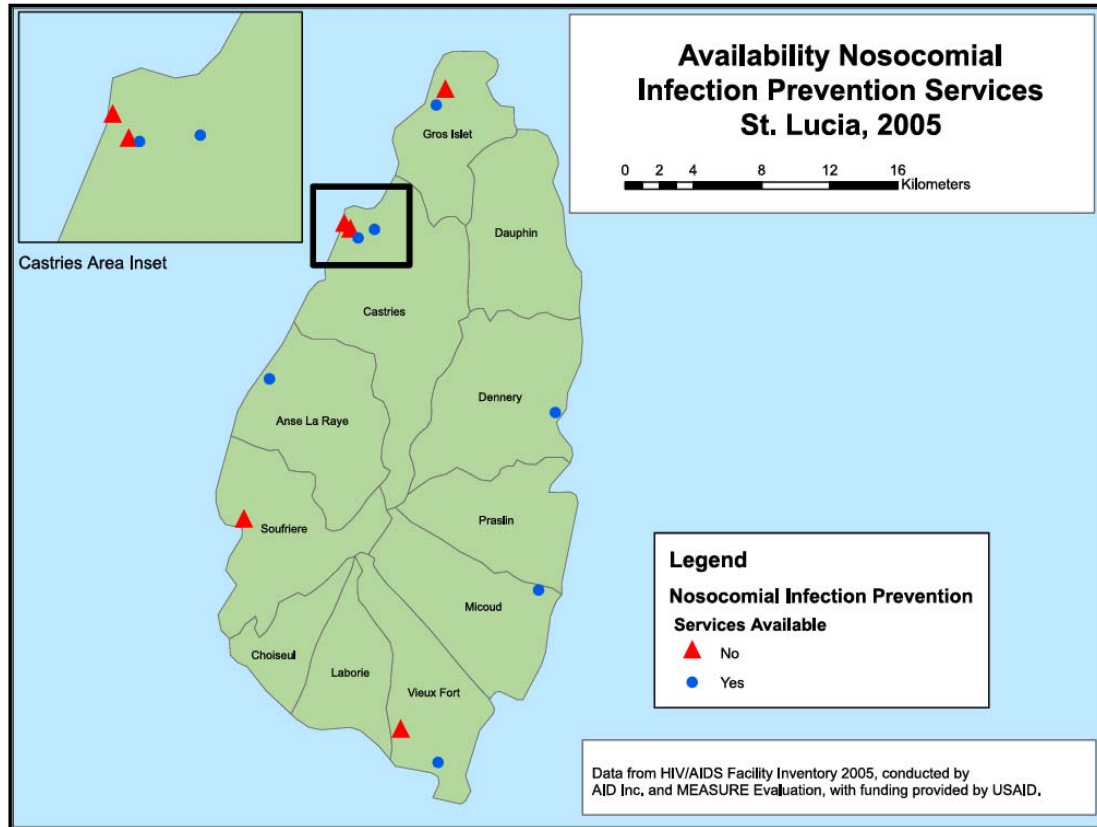


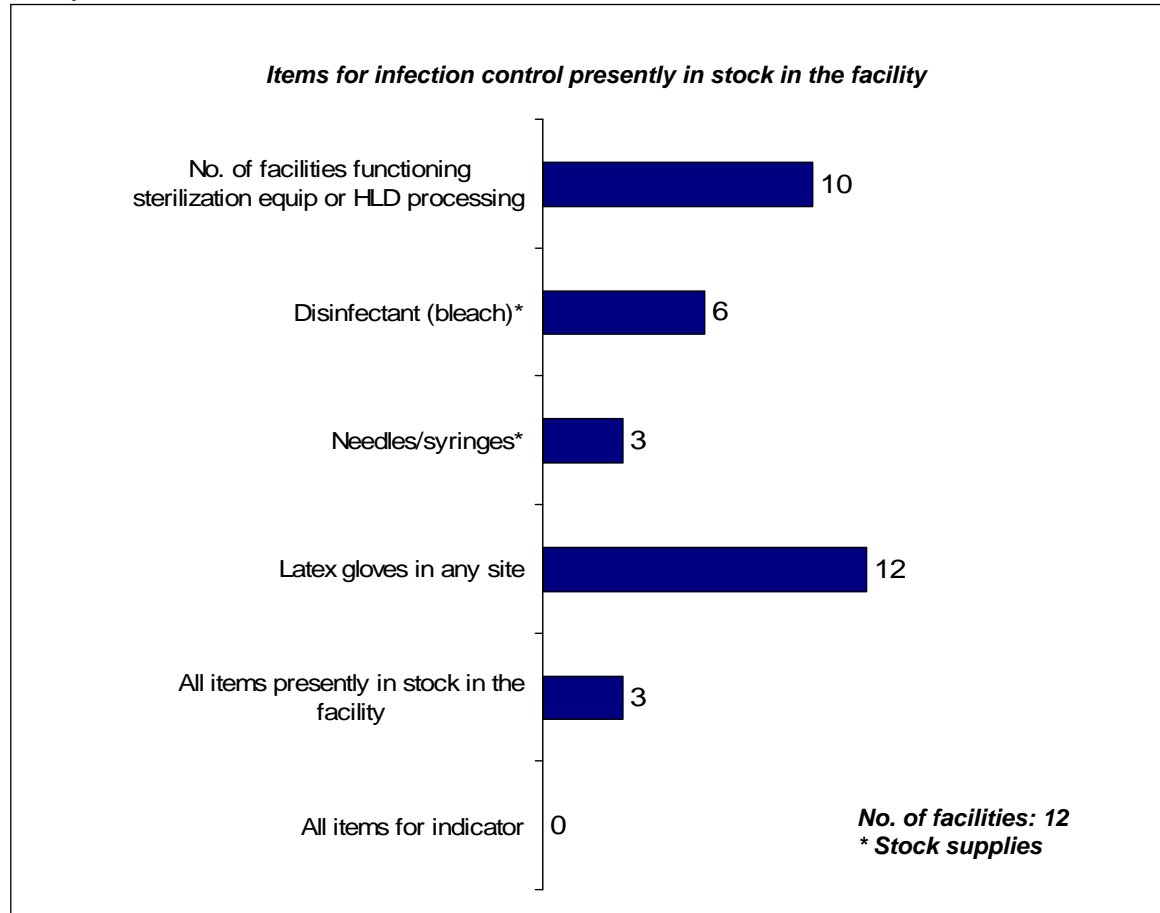
Figure 3.3.3d: Location of sites offering nosocomial infection prevention services, Dominica HSPA 2005



Given the ready availability of stock supplies for infection control and the significant negative impact that nosocomial infections can have on patients with compromised immunity, it is disturbing to note that although 10 of the 12 facilities had functioning equipment for sterilization or HDL processing (Figure 3.3.3e), only 6 of the 12 public facilities had a disinfectant solution (bleach) present in stock supply; and only three facilities had a stock supply of needles/syringes present. While all 12 facilities had latex gloves available at any site in the facility, this barrier method cannot provide adequate infection control for many of the transmission routes.



Figure 3.3.3e: Elements for preventing nosocomial infections present anywhere within the facility, HSPA Saint Lucia 2005



### 3.3.4 Basic-Level Treatment of Opportunistic Infections and Palliative Care for HIV and AIDS Clients

#### Availability of Services

Due to the suppression of their immune response, HIV and AIDS clients are at high risk for developing opportunistic infections (OIs). All facilities providing any CSS for HIV and AIDS clients should be able to treat OIs and to provide a basic-level or palliative care.

Elements that are identified for quality services related to care and support for HIV and AIDS clients include—

- ▶ Having a provider trained specifically in OIs
- ▶ Treatment guidelines in all service areas
- ▶ Availability of medicines for the most commonly seen OIs and conditions for which palliative care is needed
- ▶ Record keeping to document the burden of disease related to HIV and AIDS
- ▶ Confidentiality guidelines

- ▶ Individual client records to support continuity of care.

In addition to the above, isoniazid (INH) preventive treatment for TB, particularly for HIV and AIDS clients who might have been exposed to TB, and cotrimoxazole preventive treatment (CPT) for Pneumocystis Carinii Pneumonia (PCP) are under international discussion as to whether these should be routinely provided to all HIV positive clients, or selectively provided, depending on client condition. It is important to know the extent to which these interventions are being offered.

Table 3.3.4 below indicates that of the 10 facilities that reported offering CSS for HIV and AIDS clients, 7 offer treatment for opportunistic infections (such as oral thrush) for HIV and AIDS clients, and 6 offer palliative care for HIV and AIDS clients.

Table 3.3.4: Basic HIV/AIDS-related service provision by public facilities that offer any care or support services (CSS), HSPA Saint Lucia 2005

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients:	
		Number offering treatment for opportunistic infections for HIV/AIDS clients	Number offering palliative care for HIV/AIDS clients
12	10	7	6

### 3.4 ADVANCED-LEVEL TREATMENT, CARE AND SUPPORT FOR HIV AND AIDS CLIENTS

Persons with advanced stages of HIV and AIDS usually have serious illnesses that require a more advanced-level of follow-up and treatment than is available at many health facilities. Hospitals should be fully capable of providing all of the advanced CSS needed for monitoring and treating HIV and AIDS patients. However, as service development expands, it is expected that many of these services will be available outside of hospitals as well. Current programs are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementation of recordkeeping to allow monitoring of HIV and AIDS services. PMTCT is also seen as an advanced level of care. This will be discussed separately in Section 3.5.

The services for advanced-level care and support include the following:

- ▶ **Laboratory Services.** This refers to diagnostic and laboratory capacity for advanced HIV and AIDS care. Such diagnostic and laboratory capacity include having a spinal tap kit and laboratory capacity for culturing specimens; liver function tests; haematological testing (e.g., white blood cell count, anemia test, platelet count, blood urea nitrogen [BUN] and creatinine), India ink stain and Gram stain; and enzyme-linked immunosorbent assay for HIV or a documented system for referral and receiving results for the above-mentioned tests. A documented system for HIV



assays includes a record or register where the referral and test result are included, and an indication that the test result or follow-up was provided to the person tested. If the laboratory or pharmacy is external to the facility but has a formal agreement and is the designated laboratory or pharmacy for the facility, the laboratory capacity and the availability of medicines should be assessed in the external referral location.

- ▶ **Antiretroviral Therapy (ART).** This refers to provision of antiretroviral (ARV) medicines for treatment of an HIV-infected person.
- ▶ **Opportunistic Infections (OIs).** This includes the treatment and care of basic OIs (TB, STIs, malaria); cryptococcus fungal infections; respiratory infections; other bacterial infections; herpes infections; herpes ophthalmic infection; parasitic infections; diseases of the nervous system; and mental disorders. The medication required to treat these infections should be available at the clinic or pharmacy associated with the facility.<sup>48</sup>
- ▶ **Palliative Symptomatic Treatment.** This refers to the relief of pain and nervous system symptoms as well as provision of fortified protein supplementation (FPS).
- ▶ **Post-Exposure Prophylaxis (PEP).** This refers to provision of ARV medicines for prevention of infection to persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available.
- ▶ **Pediatric AIDS Care.** The facility should have at least one inpatient or outpatient unit that provides care and support services and reports providing pediatric AIDS care.
- ▶ **Nutritional Rehabilitation Services.** There should be at least one outpatient or inpatient unit that provides care and support services and reports providing nutritional rehabilitation services.

The HSPA also looked at facilities that provide advanced HIV and AIDS-related services. Specific areas of advanced services are illustrated in Table 3.4a. As can be seen, Saint Lucia is substantially lacking in facilities that provide an advanced level of services for HIV. This lack of availability is most noticeable in laboratory services, ART, PEP, and intravenous (IV) treatment of fungal infections. Seven public facilities reported offering nutritional rehabilitation services, although only three of these offered FPS.

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<sup>48</sup> For a list of relevant treatment/medication for these infections, please see SPA Rationale and Indicator Reference Sheets, Indicators 2, p. 8

Table 3.4a: Advanced HIV/AIDS-related service provision by public facilities surveyed,<sup>1</sup> HSPA Saint Lucia 2005

Total number of facilities	Number of facilities with lab services <sup>1</sup>	Number of facilities offering ART	Number of facilities reporting PEP available	Number of facilities with observed PEP medicines	Number of public facilities offering:				
					Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment of fungal infections <sup>2</sup>
12	2	1	4	2	4	7	3	3	2

<sup>1</sup> Facility was deemed to have lab services if a Section E of the HSPA Questionnaire had been completed.

<sup>2</sup> Reported for only inpatient clinics/units as question not asked of outpatient units.

It has been noted that decentralization of the health system and the development of trained staff that have the qualifications necessary to scale up the provision of health services are needed to make an impact on service delivery. However, there may be ramifications on other critical disease services. This is an issue that needs to be carefully considered.<sup>49</sup> If there is a need for additional services, diversifying staff and providing a balanced and integrated service that delivers ART may be the best approach. An assessment of the human resources available in light of the prevalence and trends of HIV and AIDS in Saint Lucia is key to determining a strategy for expanding ART services, if necessary.

The following table (Table 3.4b) assess the availability of advanced level services among those facilities with an HIV testing system. Of the 12 public facilities, 5 had an HIV testing system in place. Two facilities were identified in Table 3.4a that offer pediatric AIDS services apparently did not have an HIV testing system in place.

<sup>49</sup> Fitzgerald, J., M. Dahl-Regis, P. Gomez, and A. D. Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: The experience of the Bahamas. *Rev Panam Salud Publica/Pan Am J Public Health*, 17(1), 66–72, pp. 3-5.



Table 3.4b: Advanced HIV/AIDS-related nutrition service provision by public facilities with HIV testing system, HSPA Saint Lucia 2005

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system:								
		Number with lab services <sup>1</sup>	Number offering ART	Number reporting PEP available	Number with observed PEP medicines	Number offering pediatric AIDS services	Number offering nutritional rehabilitation services	Number of facilities offering fortified protein supplementation (FPS)	Number of facilities offering both nutritional rehabilitation services and FPS	Number of facilities offering IV treatment of fungal infections <sup>2</sup>
12	5	2	1	3	2	2	2	2	2	2

<sup>1</sup> Facility was deemed to have lab services if a Section E of the HSPA Questionnaire had been completed.

<sup>2</sup> Reported for only inpatient clinics/units as question not asked of outpatient units.

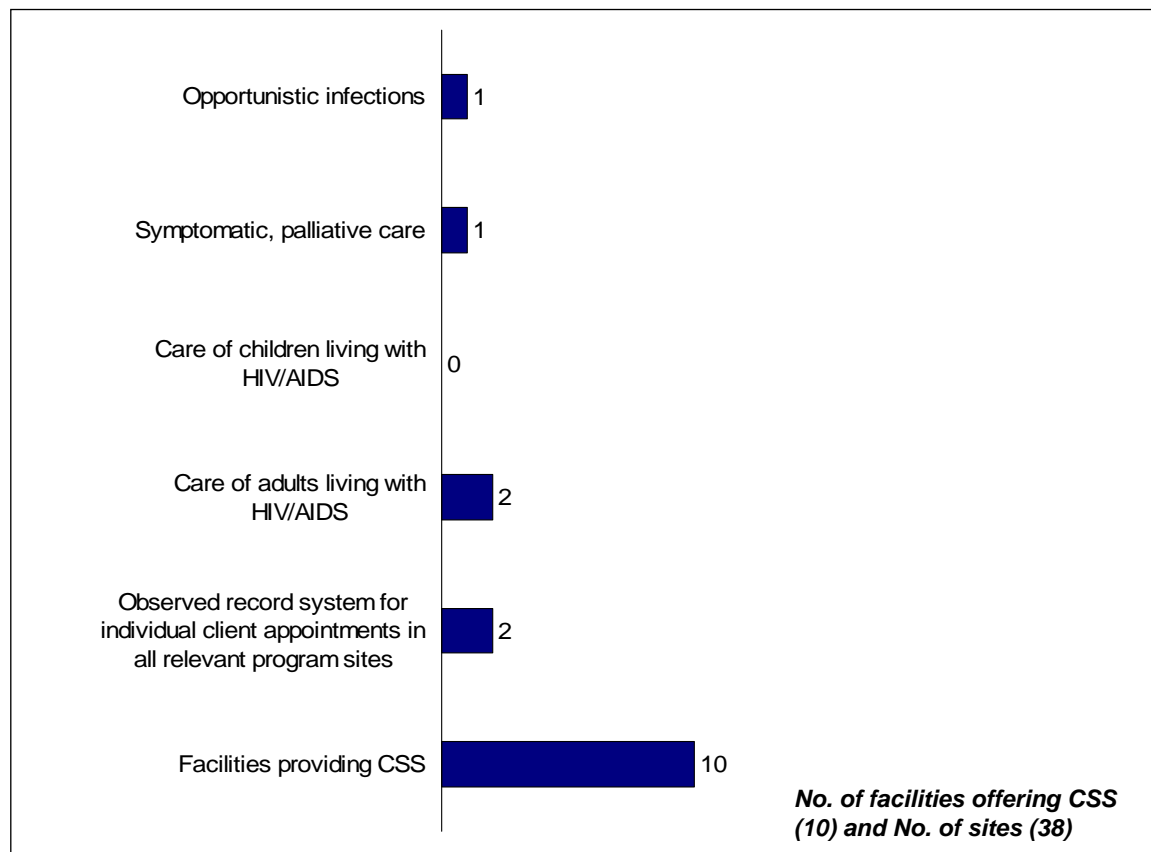
Two of the five public facilities with an HIV testing system in place offered nutritional rehabilitation services and FPS, IV treatment of fungal infections.

### 3.4.1 Systems to Support Service Providers of Advanced Services for HIV and AIDS

#### Guidelines and Protocols

It is important that guidelines and protocols are available in the health facilities so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provision. Briefly considered in this section are the records kept for client appointments, which is then assessed in more detail in Chapter 4—Status of the HIV and AIDS Health Information System. Of the 10 facilities (and 38 sites across these facilities) offering CSS for HIV and AIDS clients, only two had a record system for individual client appointments observed in all relevant program sites of the facility (Figure 3.4.1a). In only one site were guidelines/protocols for treating opportunistic infections observed in all relevant sites within the facility, and only one facility had guidelines/protocols for symptomatic, palliative care that could be observed. In no facility was a guideline/protocol for the care of children living with HIV and AIDS observed in all service areas of facilities providing CSS, but in two facilities a guideline/protocol for the care of adults living with HIV and AIDS was observed in all relevant sites within the facility.

Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV and AIDS, HSPA Saint Lucia 2005

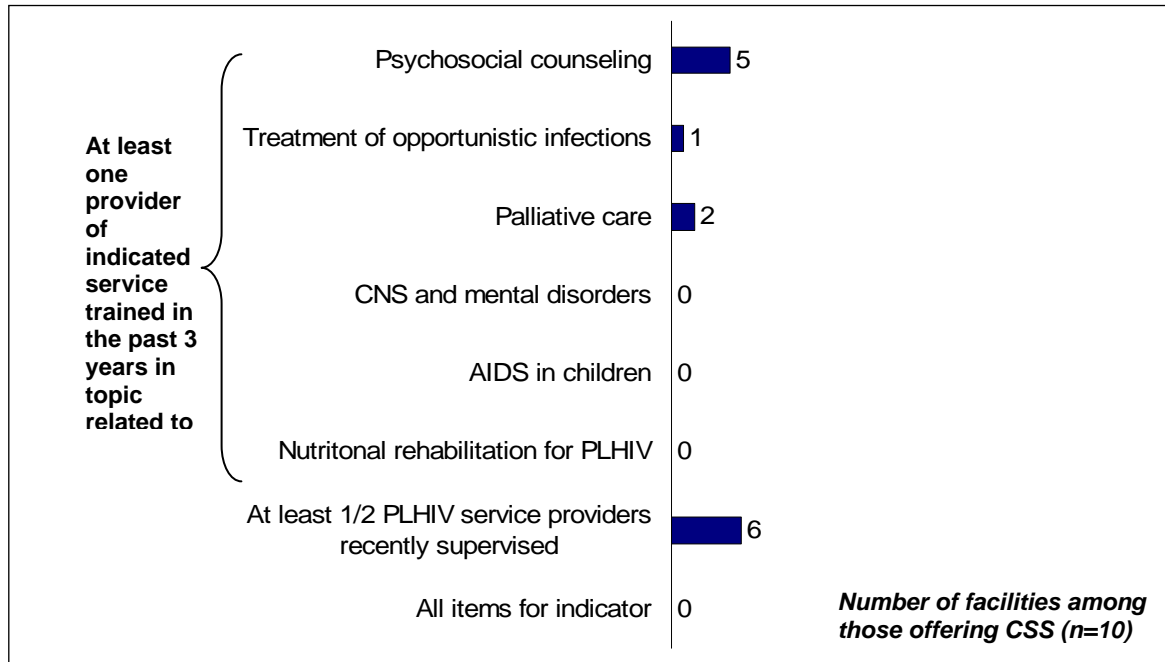


### Trained Providers

Training and supervision in palliative and nutritional care were assessed, as well as recent training in psychosocial counseling, disorders of the central nervous system and mental disorders, and AIDS in children (Figure 3.4.1b). Of the 10 facilities offering CSS for HIV and AIDS clients: 5 of 10 facilities reported having at least one provider of psychosocial counseling trained within the last 3 years; 1 of 10 facilities reported having at least one provider of treatment for OIs trained within the last 3 years; and 2 of 10 reported having at least one provider of palliative care trained within the last 3 years. No facility reported having at least one provider of the following services trained in these services in the last 3 years: central nervous system and mental disorders; treatment of AIDS in children; and nutritional rehabilitation for HIV and AIDS. Six of 10 public facilities offering CSS for PLHIV reported recent supervision in the last 3 months for at least half of service providers for PLHIV.



Figure 3.4.1b: Systems and items to support advanced services for HIV and AIDS, HPSA Saint Lucia 2005

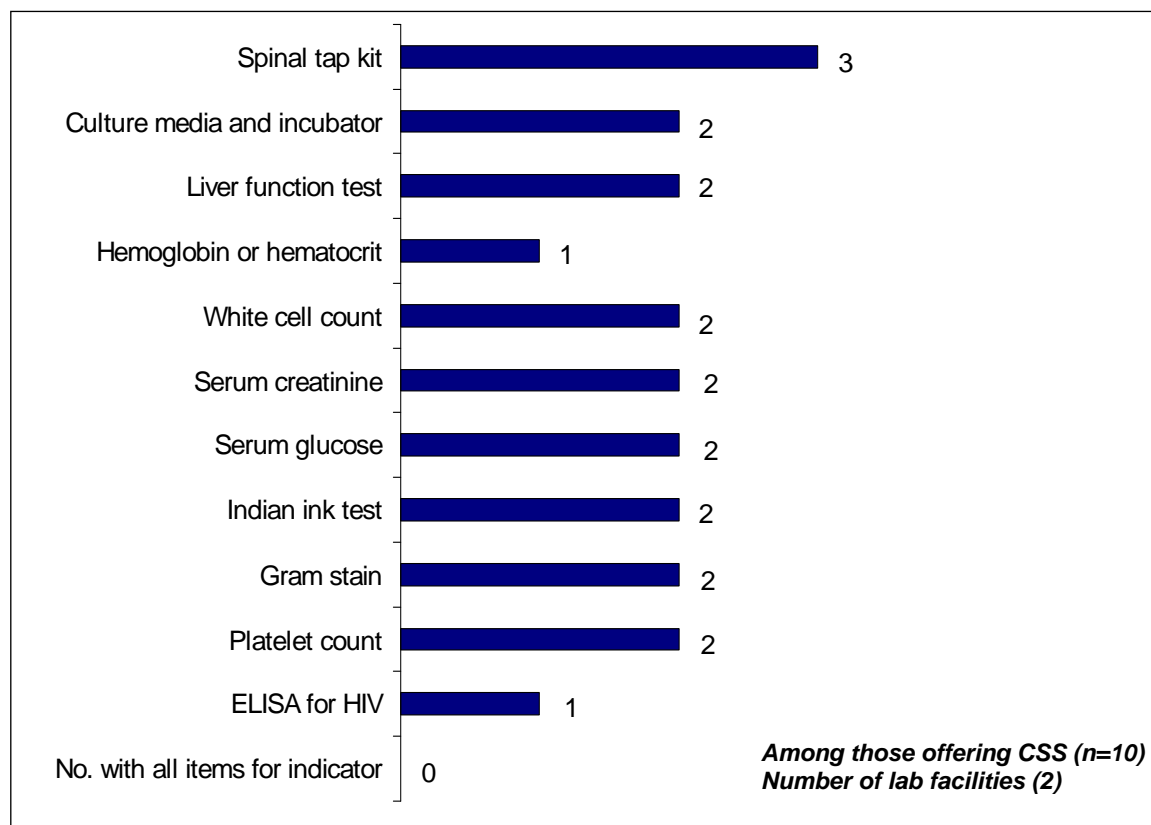


### 3.4.2 Laboratory Services

In addition to provision of care for PLHIV, laboratory diagnostic capacity for common illnesses related to HIV and AIDS were also assessed. Because of the protocol for verification of positive test results through CAREC, there is a potential time lag in the receipt of positive test results. In Saint Lucia, there is one facility with all items to conduct an enzyme-linked immuno-sorbent assay (ELISA) test for HIV. As shown in (Table 3.4a, page 45) out of 12 public facilities in Saint Lucia, only two provide laboratory services. If we limit this to those facilities with an HIV testing system, then 2 out of 5 clinics provide laboratory services (Table 3.4b, page 46).

More explicitly, Figure 3.4.2 below shows that 3 of the 10 public facilities that provide CSS for PLHIV have kits for spinal taps, two facilities report having all the items necessary to conduct culture media and incubator laboratory investigations, two for liver function tests, one hemoglobin or hematocrit, two for white blood-cell count, two for serum creatinine, two for serum glucose, two for India ink test, two for gram stain, and two for platelet counts.

Figure 3.4.2: Advanced care for HIV/AIDS clients: Laboratory diagnostics, HSPA Saint Lucia 2005



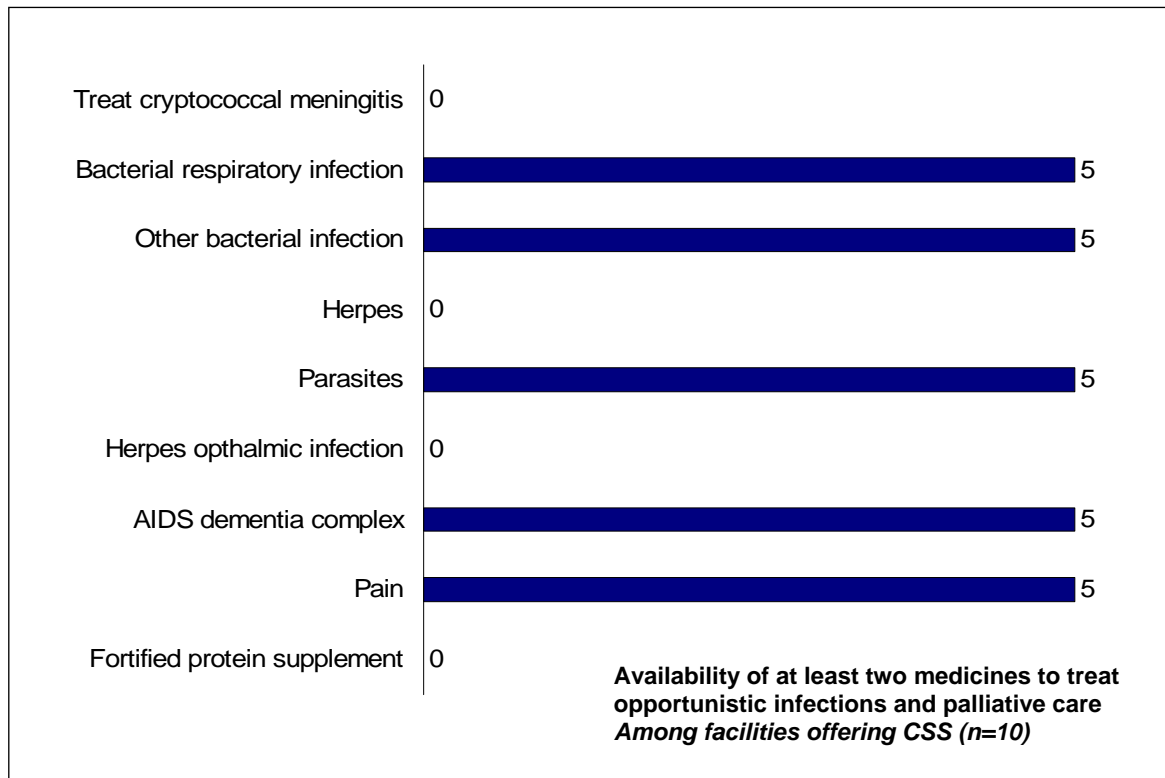
### 3.4.3 Advanced-Level Treatment of Opportunistic Infections and Palliative Care

For the purposes of this survey, advanced-level treatment capacity requires that a facility have access to at least two of the most common medications used for treating an indicated condition. Prophylaxis against specific OIs can provide survival benefits to PLHIVs even among patients unable to take highly active antiretroviral therapies (HAART).<sup>50</sup> Medicines to treat OIs include those that providers at health centers and possibly at the level of health posts could be expected to manage. Among the medicines to treat the most common OIs and provide palliative care are antibiotics and antifungal medicines. These are widely available (Figure 3.4.3).

<sup>50</sup> Kaplan, J., et al. 2002. Guidelines for preventing opportunistic infections among HIV-infected persons—2002. *MMRW Recommendations & Reports*, June 14, 2002 / 51(RR08), 1-46. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5108a1.htm>.



Figure 3.4.3: Advanced care for HIV/AIDS clients: Medicines, HSPA Saint Lucia 2005



Notes:

Among public facilities offering care and support services for HIV/AIDS clients, number with the indicated medicines to support the management of opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care

Cryptococcal meningitis— Amphotericin B, fluconazole, Itraconazole, and Ketoconazole

Bacterial respiratory infection— Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone

Other bacterial infection— Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin

Herpes—Acyclovir and gancyclovir

Parasites— Metronidazole, tindazole, nalidixic acid, and cotrimoxazol

Herpes ophthalmic infection— One of: Acyclovir ophthalmic or acyclovir oral

AIDS dementia complex— Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone

Pain—One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codeine, diclofenac injectable, dipyrone injectable, oral morphine)

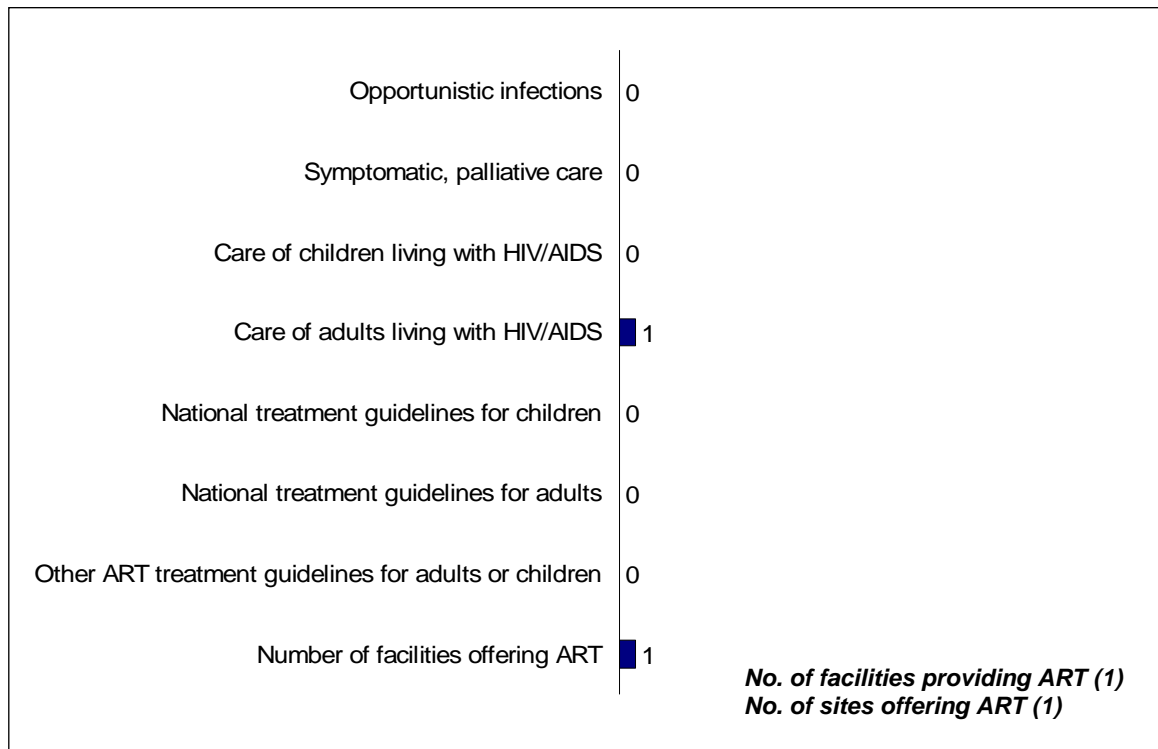
Fortified protein supplement

However, it was found that only 2 of the 10 public facilities offering CSS for HIV and AIDS clients offered IV treatment of fungal infections (Figure 3.4.3). No facility reported having at least two medicines for treating cryptococcal meningitis, herpes, or herpes ophthalmic infection. Five facilities reported having at least two medicines for treating bacterial respiratory infection, five facilities had them available for parasites, five for AIDS dementia complex, and five for pain. No facilities reported having FPS available.

### 3.4.4 Antiretroviral Therapy

Antiretroviral therapy refers to the treatment of HIV-positive adults or children with a combination of at least three antiretroviral drugs. Only one facility offered ART in one site only. However it did not have guidelines or protocols for treating OIs, symptomatic or palliative care, or treatment of children living with HIV and AIDS that were observed. This one facility did have observable guidelines/protocols for the care of adults living with HIV and AIDS (Figure 3.4.4a).

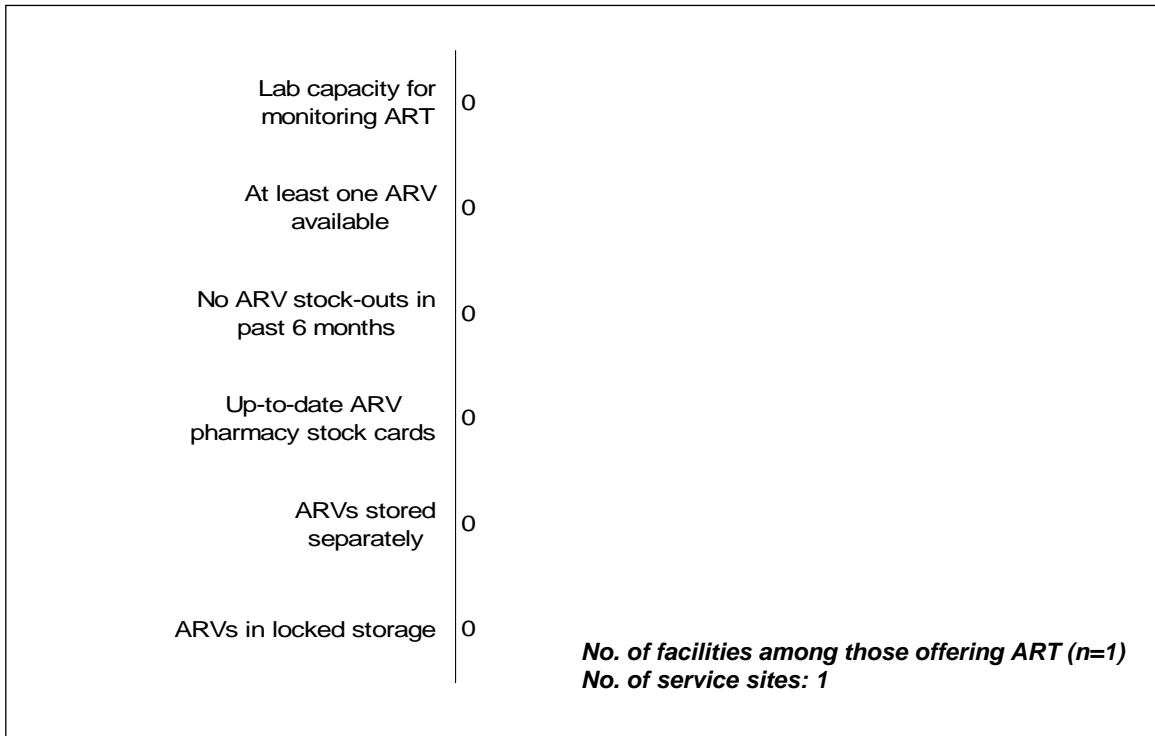
Figure 3.4.4a: Protocols and guidelines for antiretroviral combination therapy services, HSPA Saint Lucia 2005



The capacity to support antiretroviral combination therapy services with monitoring/tracking records and availability and security of ARVs is low. The one facility offering ART did not have the laboratory capacity for monitoring ART, nor did it have ARV medicines available or pharmacy stock cards for ARVs (Figure 3.4.4b).

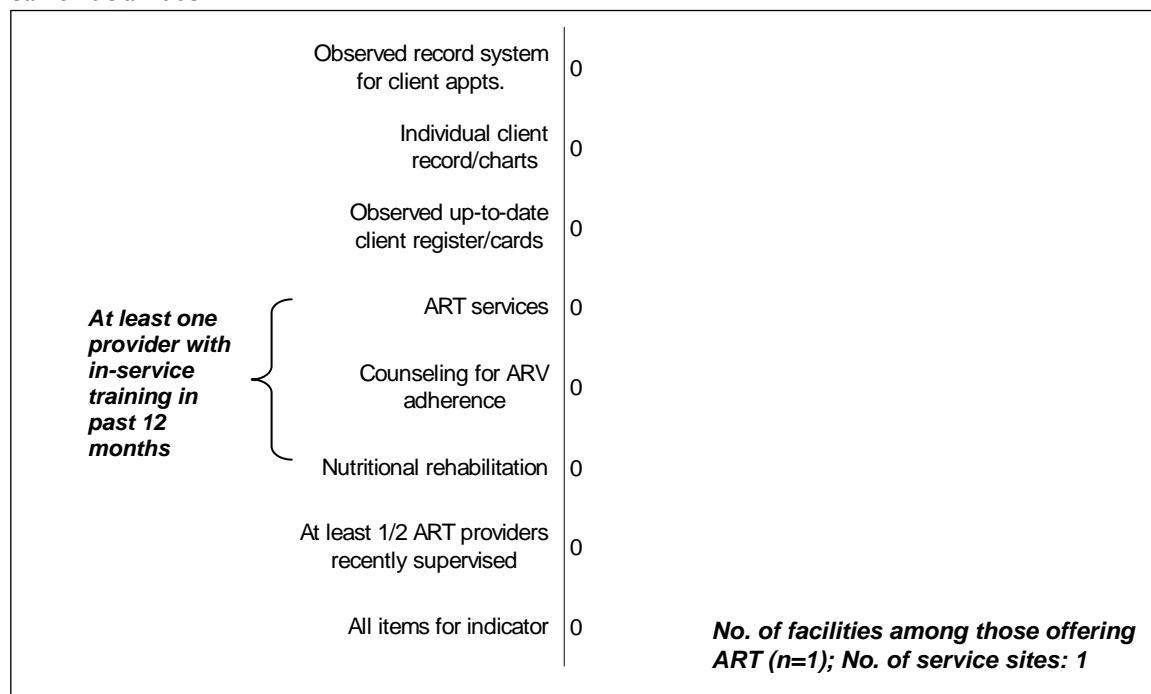


Figure 3.4.4b: Monitoring ART and ARV storage and stock conditions, HSPA Saint Lucia 2005



In addition, the one facility offering ART also lacked an observable individual client records/charts for ART clients, up-to-date registers or client cards from which the number of current ART clients could be calculated, an interviewed provider of ART services with related in-service training in the last 12 months, an interviewed provider of counseling for adherence to ART with related in-service training in the last 12 months, an interviewed provider of nutritional rehabilitation related to HIV and AIDS related in-service training in the past 12 months, or at least half of ART providers interviewed who were personally supervised in the last 3 months (Figure 3.4.4c). Before expanding ART services, it may be beneficial to first bring this one facility up to the gold standard and have it serve as an example for future scale-up.

Figure 3.4.4c: Systems and items to support antiretroviral combination therapy services, HSPA Saint Lucia 2005



### 3.4.5 Post-Exposure Prophylaxis

Ideally, PEP should be available to all health service providers, who are at risk of exposure to HIV through needle-pricks and other blood exposure, as well as the general public, upon inadvertent exposure (e.g., rape victims). As mentioned earlier, the availability of PEP medicines is very limited in St. Lucia. PEP medicines were observed at only two of the facilities offering PEP even though four facilities reported that staff have access to PEP and six service sites where PEP is prescribed (Figure 3.4.5a). Direct observation is often required for verification, although it is not clear from the data whether or not the discrepancy between reported and observed figures is due to a temporary stock-out or if the medication is simply not available at these sites. In only one facility was there observed PEP guidelines present in all service sites where PEP is prescribed, any record/register of staff receiving PEP services, or any observed record for monitoring full compliance for a PEP regime. There was no separate locked storage for ARVs (Figure 3.4.5b).



Figure 3.4.5a: Availability of Post-Exposure Prophylaxis, HSPA Saint Lucia 2005

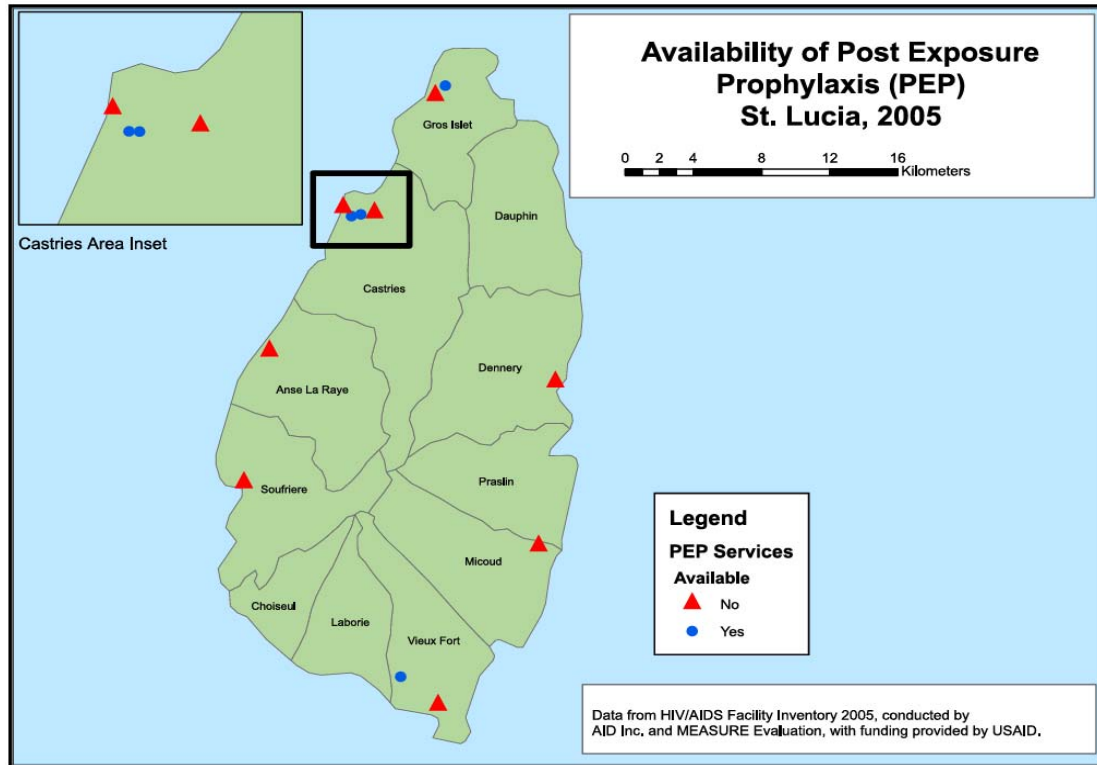
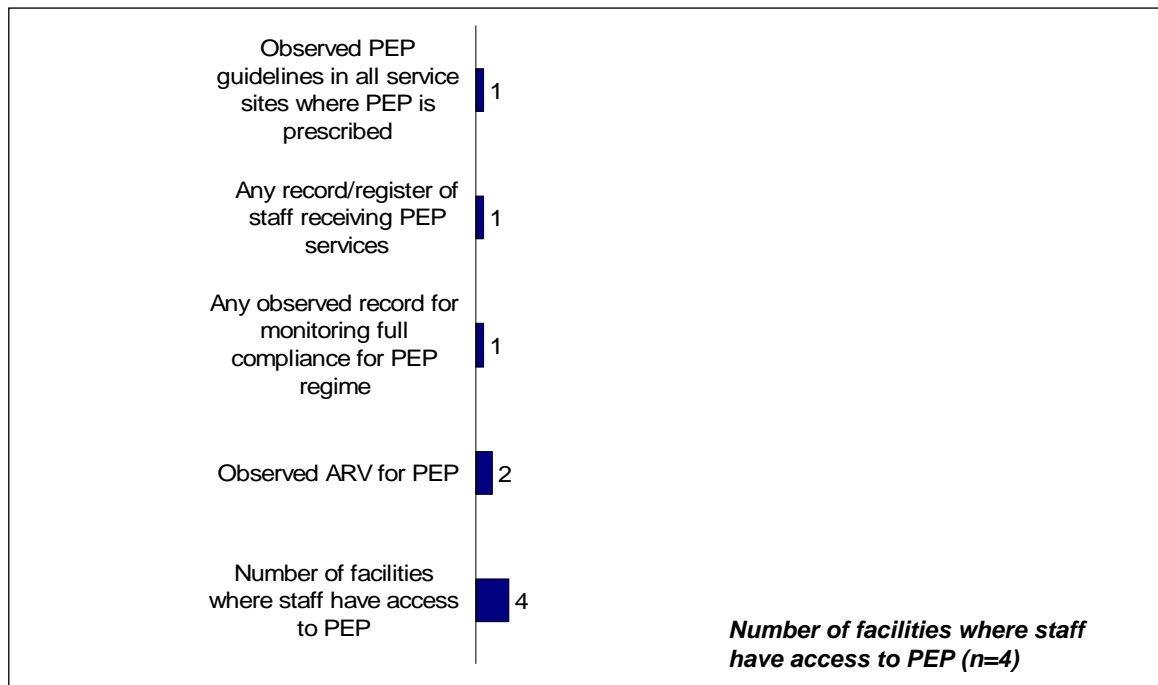


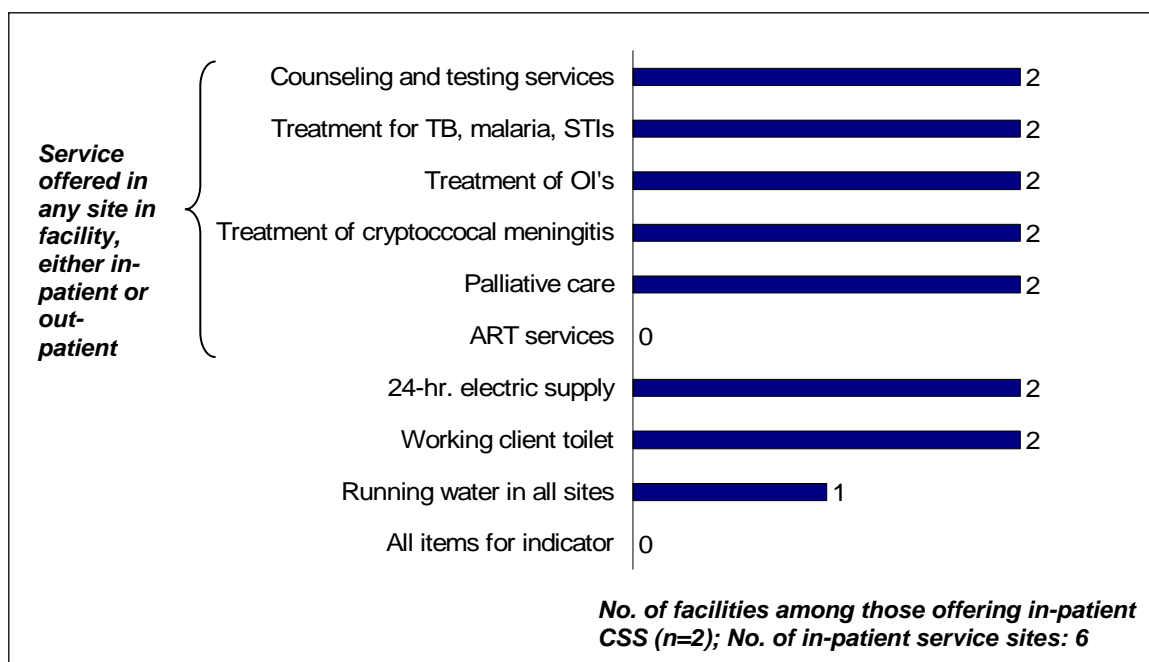
Figure 3.4.5b: Post-Exposure Prophylaxis



### 3.4.6 Inpatient Care and Support Services

Important for treating and supporting HIV and AIDS clients is the ability for a facility to provide inpatient services for clients needing advanced-level care. Of the two facilities (six sites across these facilities) offering inpatient CSS for PLHIV, both facilities offered: counseling and testing services for HIV; treatment for TB, malaria, and STIs; treatment for opportunistic infections; treatment for cryptococcal meningitis; and palliative care. ART was not offered in any facility providing inpatient CSS for HIV and AIDS clients (Figure 3.4.6).

Figure 3.4.6: Services and conditions for inpatient care for people living with HIV and AIDS needing advanced services, HSPA Saint Lucia 2005



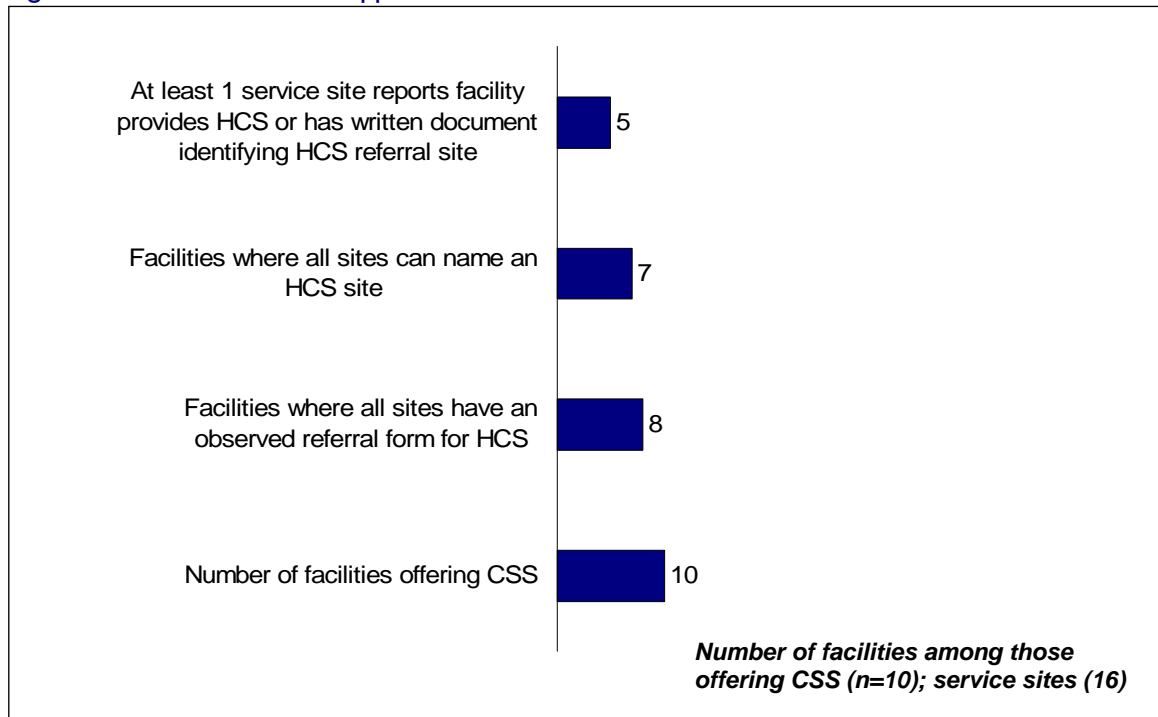
Of the two facilities offering inpatient CSS, both had 24-hour regular electric supply and a functioning client toilet for inpatients, but only one had running water in all inpatient client units.

### 3.4.7 Home-Based Care and Support Services

Of the 10 facilities offering CSS for HIV and AIDS clients (16 sites across those facilities), five facilities had at least one service site with home-based care (HC) provision (either reported or documented with an observed written document of referral site identification). Figure 3.4.7 shows that providers in all relevant service sites of the facilities were able to name a HC service site, and in eight facilities, a referral form for HCS services was observed in all relevant service sites of the facility.



Figure 3.4.7: Conditions to support home-based care services, HSPA Saint Lucia 2005



### 3.4.8 Pediatric AIDS Care

Most children with HIV were born to mothers with HIV, while some may have received a transfusion of infected blood. However, where ARVs and good antenatal care are available to women, new infections in children are rare. Nevertheless, children have a different response to HIV infection and respond differently to ARV medications. Therefore, HIV in children should be treated by a pediatric practitioner trained in HIV.<sup>51</sup>

For the purposes of the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit provides CSS and reports providing pediatric AIDS care. In Saint Lucia, four facilities offered pediatric AIDS care, but only two of these had an HIV testing system in place (Table 3.4a and Table 3.4b, page 44). Thus far, the number of pediatric AIDS cases is relatively small in Saint Lucia. The response by necessity integrates pediatric care into a broader range of services, such as PMTCT, nutritional counseling, and pediatric health programs.

### 3.4.9 Nutritional Rehabilitation Services

A major cause of morbidity and mortality in PLHIV is unintentional loss of weight and lean body mass. Maintaining adequate nutritional status can help strengthen the immune system, ensuring sufficient nutrients to maintain energy and normalize weight and proper bodily functions. Nutritional rehabilitation services help PLHIV to manage

<sup>51</sup> Children and HIV, The AIDS InfoNet. Available at [http://www.aidsinfonet.org/factsheet\\_detail.php](http://www.aidsinfonet.org/factsheet_detail.php). Accessed January 30, 2006.

complications; it promotes positive responses to medical treatment and improves the quality of life.<sup>52</sup>

In Saint Lucia, seven facilities offered nutritional rehabilitation services and three offered FPS along with nutritional rehabilitation services. However two of these facilities offering nutritional rehabilitation and supplementation were among those facilities with an HIV testing system in place (Table 3.4a, and Table 3.4c, page 38).

### 3.5 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Services for PMTCT are most often offered in conjunction with antenatal and delivery services and may include a variety of activities, with the degree to which a facility offers the total package often determined by the level of staffing, and whether the facility offers both antenatal care and delivery services.

Generally accepted standards for PMTCT include the following:

- ▶ Pre- and post-HIV test counseling, and testing pregnant women for HIV
- ▶ Providing HIV-positive women with counseling on infant feeding practices
- ▶ Family planning, counseling and referral
- ▶ Provision of prophylactic ARV to the HIV-positive woman and to her newborn (within 72 hours of birth).

Additional services (referred to as PMTCT+) include making ART available to all women identified through PMTCT as HIV positive and to their families.

Even given its low estimated HIV prevalence rate, Saint Lucia offers PMTCT services in 5 of the 12 public facilities (Figure 3.5).

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<sup>52</sup> 2004. *HIV/AIDS: A guide for nutritional care and support*. 2nd ed. Food and Nutrition Technical Assistance Project, Academy for Educational Development. Washington, DC.



Figure 3.5: Location of PMTCT Services

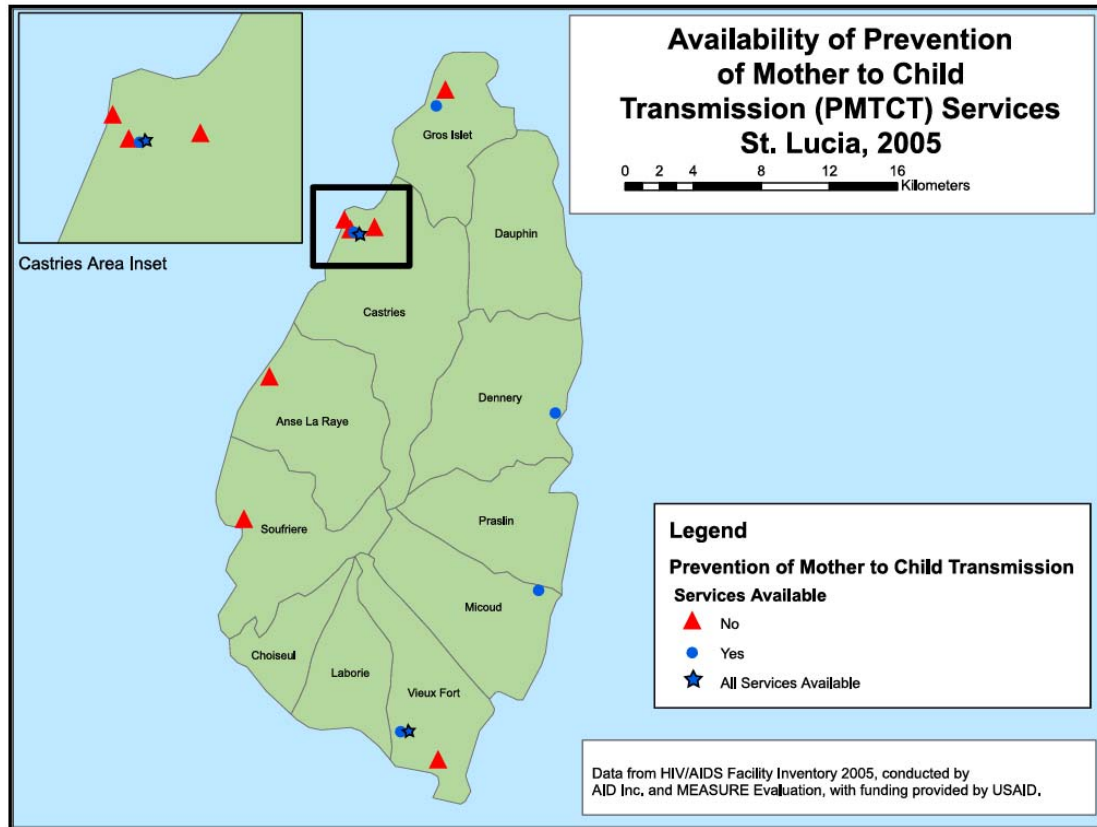


Table 3.5 shows that five public facilities (with one service site each) offer PMTCT services: two provide pre- and post-test counseling and HIV testing services; two offer ARV prophylaxis to prevent MTCT; three offer infant feeding counseling; and five offer family planning counseling or referral. Two of the five facilities provide all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). No facility provided ARV therapeutic treatment for HIV-positive women and their families or all items of PMTCT+.

Table 3.5: Availability of services for prevention of mother to child transmission of HIV/AIDS,<sup>1</sup> HSPA Saint Lucia 2005

Total number of facilities	Number of facilities offering any PMTCT services	Number of sites offering PMTCT services	Number of facilities reporting they offer the indicated PMTCT services						
			Pre- and post-test counseling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum package PMTCT <sup>2</sup>	Offering PMTCT+ services <sup>3</sup>	All items for PMTCT+ <sup>4</sup>
12	5	5	2	2	3	5	2	0	0

<sup>1</sup> Number of public facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and, among these, number with the indicated program components.

<sup>2</sup> Components of routine PMTCT for the facility include HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, infant feeding counseling, and counseling and provision of family planning services.

<sup>3</sup> Any components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.

<sup>4</sup> All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.



## CHAPTER 4: STATUS OF THE HIV AND AIDS HEALTH INFORMATION SYSTEM

### 4.1 OVERVIEW

A good HIV and AIDS recordkeeping and reporting system will allow data to be collected to follow patient care, provide key epidemiological information and help manage the drug supply thereby monitoring the performance of the health system. Such an information system will facilitate the evaluation of the country program and also the dissemination of data to other countries in the region.<sup>53</sup>

The Saint Lucia Surveillance Unit is responsible for surveillance and reporting for communicable and non-communicable diseases. The increased demand for HIV and AIDS surveillance and program monitoring is placing a burden on a system that requires further capacity building. Additionally, confidentiality continues to be an issue. The ability to track clients confidentially will become an even greater challenge as more HIV-positive clients come into the system. Ideally, forms for HIV and AIDS tracking will be integrated into a national Health Information System. The NACCHA is still putting confidential identification codes and a record storage process in place.

### 4.2 ROUTINE DATA COLLECTION FOR HIV AND AIDS

Table 4.2 shows that there are 16 service sites across the 10 facilities offering CSS for PLHIV. Of the public facilities surveyed, four facilities were observed to have registers to track HIV and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit and only one with individual client records/charts across all eligible units. A confidentiality guideline was found in only one of the 10 facilities offering CSS for PLHIV.

Table 4.2: Records for HIV/AIDS services,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients	Number of facilities			
		Individual client record/chart observed in all eligible units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit <sup>1</sup>	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
10	16	1	4	1	1

<sup>1</sup> Among public facilities offering care and support services (CSS) for HIV/AIDS clients, numbers where indicated items were found in indicated eligible sites.

<sup>2</sup> Within facility where CSS are offered in any outpatient clinic/unit, at least one outpatient unit had an observed register with HIV/AIDS related client diagnoses and where CSS are offered in any inpatient unit, at least one inpatient unit had an observed register with HIV/AIDS related client diagnoses observed

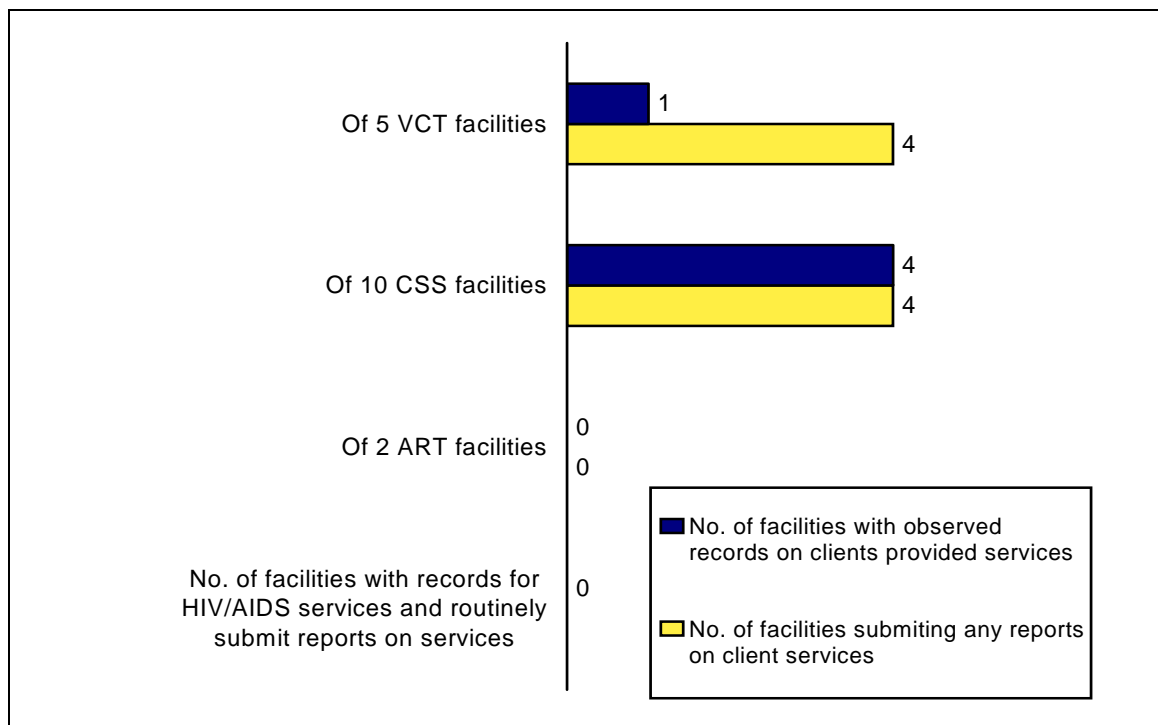
<sup>53</sup> Pan American Health Organization. 2003. *Scaling up health systems to respond to the challenges of HIV/AIDS—Latin America and the Caribbean*. Washington, DC: World Health Organization.



### 4.2.1 Records for Care and Support Services

The tracking of client receipt of pre- and post-test counseling and test results is inconsistent, with only one of the five facilities that offer counseling and testing having observable records indicating clients received pre- and post-test counseling and test results (Figure 4.2.1). Four facilities reported submitting any reports for HIV testing services. Since data on counseling and testing (pre- and post-test counseling and receipt of test results) are best collected at service delivery sites and are significant to program implementation monitoring and ongoing surveillance, it is crucial that the monitoring and evaluation capacity within the NACCHA M&E Unit be strengthened.

Figure 4.2.1: Facilities with record-keeping systems for monitoring HIV and AIDS care and support, HSPA Saint Lucia 2005



Recordkeeping and tracking clients receiving ART are also very important, not only for financial management and for anticipating program delivery costs, but also for donor reporting. The one facility in Saint Lucia that offers ART had no observed records indicating the number of clients receiving ART, nor any reports for ART services (Figure 4.2.1). It is likely that, at present, given the relatively small number of clients on ART, records are kept informally. As programs scale-up and as more HIV-positive clients enter the system, it will become increasingly important to maintain accurate records.

Facilities were better at documenting and reporting treatment of HIV and AIDS-related illnesses. In 4 of 10 facilities offering CSS, records documenting clients treated for HIV and AIDS-related illnesses were observed, and 4 of 10 facilities reported having

submitted any reports for HIV and AIDS-related illnesses treated. In no facility were there both records for HIV and AIDS services offered and routine submission of reports on such services.

#### 4.2.2 Records for Prevention of Mother-To-Child Transmission of HIV

##### PMTCT

In looking at PMTCT service records in Table 4.2.2a, it was found that of the 12 public facilities, 5 offer PMTCT services but of those, only 1 public facility had an observed record of women attending ANC who accepted HIV testing, only 1 facility had an observed record of women who received their test results, and only 1 facility had an observed record (by serostatus) of women who received post-test counseling. No facilities provided records of HIV-positive pregnant women who were provided a complete ART course for PMTCT. This illustrates a need for greater recordkeeping capacity among facilities offering PMTCT, not only for reporting but for planning, programmatic, and advocacy needs.

Table 4.2.2a: Availability of service records for PMTCT services,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities	Number of facilities offering any PMTCT services	Number of sites offering PMTCT services	Number of facilities offering PMTCT services and having indicated documentation				
			Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were provided a complete ARV course for PMTCT	All items for indicator
12	5	5	1	1	1	0	0

<sup>1</sup> Among public facilities offering services for prevention of mother to child transmission of HIV (PMTCT), number with the indicated documentation observed and up-to-date.



### PMTCT+

As shown in Table 4.2.2b, there was no facility offering PMTCT+ services in Saint Lucia.

Table 4.2.2b: Availability of service records for PMTCT+ services,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities	Number of facilities offering PMTCT+ services <sup>1</sup>	Number of sites offering PMTCT+ services	Number of facilities		
			Observed record of HIV+ pregnant women who receive therapeutic ARV	Observed record of family member who receive ARV	All elements and records PMTCT+ <sup>2</sup>
12	0	0	0	0	0

<sup>1</sup> Among public facilities offering services for prevention of mother to child transmission of HIV and antiretroviral treatment for HIV-positive women and their families (PMTCT+), number with the indicated up-to-date documentation.

<sup>2</sup> PMTCT+ service provision is defined as having ARV treatment for HIV-positive women and her family members.

<sup>3</sup> All elements for PMTCT+ services (CT services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV-positive women, ARV treatment for HIV-positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services.

## CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

### 5.1 OVERVIEW

The youth population in the Caribbean is becoming increasingly susceptible to HIV and AIDS. Sources explain that “the face of HIV in the region has become increasingly young and female.”<sup>54</sup> Also, CAREC notes in the Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic from 1982-2002 that “73% of cases diagnosed are between 15 and 44 years, with close to 50% of these between 25 and 34 years. Young people and young adults are the most vulnerable group whether in or out of school, with young women aged 15 to 19 having characteristics of a distinct epidemic profile.”<sup>55</sup>

Since youth are a major target group in HIV and AIDS prevention and treatment, the HSPA asked questions about youth and the provision of youth-friendly services (YFS). This indicator is defined using information from the facility or unit representatives (under VCT and PMTCT services) and provider responses regarding general YFS that are available, and if there are any written policies or guidelines for the YFS available and whether or not specific staff have received training in providing YFS. The HSPA also asked about the quality of service provision of YFS (e.g., having a separate room for YFS and if there are discounts or waived fees for youth).

### 5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

In Saint Lucia, none of the public facilities that offered youth-friendly HIV testing services, had observed policies/guidelines for YFS or at least one trained provider of YFS (Table 5.2).

Table 5.2: Youth-friendly services for HIV/AIDS,<sup>1</sup> HSPA Saint Lucia 2005

Number of facilities with an HIV testing system	Number of facilities offering youth-friendly HIV testing services <sup>2</sup>	Number of facilities with		
		Observed policy/guidelines for YFS	At least one trained provider for YFS <sup>3</sup>	All items for indicator <sup>4</sup>
5	0	0	0	0

<sup>1</sup> Percentage of facilities offering any youth-friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, percentage with indicated item.

<sup>2</sup> Facility offers VCT or PMTCT services.

<sup>3</sup> Provider reports having received training related to youth-specific services during the past 3 years or facility in-charge reports there is a trained provider, but the provider was not present the day of the survey.

<sup>4</sup> Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS.

<sup>54</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17(Supplement 1), S9–S25, pp. S9.

<sup>55</sup> Pan American Health Organization/World Health Organization. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982–2002*. Port of Spain, Trinidad: Caribbean Epidemiology Centre. Available at [http://www.catin.org/pubs/status\\_trends1982-2002.pdf](http://www.catin.org/pubs/status_trends1982-2002.pdf), p. 2.



Youth-friendly HIV prevention services may prove key to curbing the epidemic. It is crucial to reach young people early, “before adolescents start developing lifelong sexual habits.”<sup>56</sup> Although YFS as an HIV prevention program might encounter some resistance because of cultural and social norms in the Caribbean, it may stem the spread of HIV within this major target group.

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<sup>56</sup> Pan American Health Organization/World Health Organization. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982–2002*. Caribbean Epidemiology Centre: Author. Available at [http://www.catin.org/pubs/status\\_trends1982-2002.pdf](http://www.catin.org/pubs/status_trends1982-2002.pdf).

## CHAPTER 6: CONCLUSION

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The HSPA provides a mechanism for assessing capacity, availability of services, and training needs related to the priority program areas outlined in the Saint Lucia National Strategic Plan. The data are useful in identifying needs and capacities to build on towards addressing the second, third, and fourth strategies in particular. In addressing the second strategic area, “Comprehensive HIV and AIDS care for all persons living with HIV and AIDS,” data from the HSPA can highlight specific strengths and weaknesses in comprehensive care for persons living with HIV and AIDS; the availability and level of service for CSS to PLHIV; the availability of medicines related to ART, OI, and palliative care; the control of nosocomial infections; and the level of stigma associated with PLHIV as reported by health service providers. The one facility that offers ART services has a need for staff training. CHART maybe a useful resource for Saint Lucia to increase the number of trained human resources.

While only two of the four facilities providing CSS to HIV and AIDS clients offer any TB diagnostic or treatment services, these two facilities do have all of the first-line TB medicines available. Out of 51 care providers in public facilities, 65 percent displayed positive attitudes toward PLHIV. In reaching out to the population more generally, the NACCHA would do well to begin with health service providers in educating them about issues of stigma and building more positive attitudes toward PLHIV. Again, this is where additional training would help to improve awareness and reduce negative attitudes of service providers.

More training is required in order to address the third strategy, “Preventing further transmission of HIV.” As Saint Lucia scales up its VCT programs and creates greater demand for counseling and testing, more access (more facilities with an HIV testing system in place) and additional and/or more recent training for providers in pre- and post-test counseling and PMTCT will be required. The availability and supply of condoms should also grow to meet increased demand. At the time of the HSPA, only half of the 10 facilities that offer STI services reported having condoms available in any service area or pharmacy of the facility.

A key component to address the fourth strategy, “Strengthening national capacity to deliver an effective, coordinated and multisectoral response to the epidemic,” is in building the capacity to monitor programmatic activities. Facilities lack client registers or other records to track counseling and testing, or receipt of ARVs or other medicines for CSS (including OIs and palliative care).

Saint Lucia’s health care system does, however, have a strong base from which to build its capacity. A targeted response to the findings in the HSPA can help Saint Lucia meet its national strategies and “reduce HIV transmission and... mitigate the impact of HIV and AIDS on all levels of the society.”<sup>57</sup>

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<sup>57</sup> The National Coordinating Committee on HIV/AIDS with technical assistance provided by CAREC/PAHO/WHO. September 2003. *The National HIV/AIDS Strategic Plan, 2004-2009, Saint Lucia.*



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**APPENDIX: SURVEY INSTRUMENT**

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**EASTERN CARIBBEAN HIV/AIDS SERVICE PROVISION ASSESSMENT (HSPA) SURVEY  
COVER SHEET**

**1. Facility Identification**

001 NAME OF FACILITY _____ 002 LOCATION OF FACILITY _____ 003 COUNTRY _____ 004 DISTRICT _____ 005 FACILITY NUMBER .....	FACILITY CODE COUNTRY NUMBER ..... <input type="text"/> <input type="text"/>  DISTRICT NUMBER ..... <input type="text"/> <input type="text"/>  FACILITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/>
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006 TYPE OF FACILITY: NATIONAL REFERRAL/TERTIARY HOSPITAL 01 GENERAL HOSPITAL ..... 02 DISTRICT HOSPITAL ..... 03 HOSPITAL ..... 04 POLYCLINIC/HEALTH CENTR ..... 05 HEALTH POST ..... 06 STAND-ALONE VCT ..... 07 DOCTOR'S OFFICE ..... 08  OTHER _____ 96 (SPECIFY)	FACILITY TYPE ..... <input type="text"/> <input type="text"/>
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007 MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>
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**2. Information about Interview**

008 INTERVIEWER VISITS: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Visit 1</td> <td style="width:33%; text-align: center;">Visit 2</td> <td style="width:33%; text-align: center;">Visit 3</td> </tr> <tr> <td>DATE</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TEAM LEADER:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> RESULT CODES: 1 COMPLETED 2 RESPONDENT NOT AVAILABLE 3 REFUSED 4 PARTIALLY COMPLETED 6 OTHER		Visit 1	Visit 2	Visit 3	DATE	_____	_____	_____	TEAM LEADER:	_____	_____	_____	RESULT CODE FROM LAST ATTEMPT ..... <input type="text"/>
	Visit 1	Visit 2	Visit 3										
DATE	_____	_____	_____										
TEAM LEADER:	_____	_____	_____										

009 Date: _____  010 Name of the interviewer: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> </table> INTERVIEWER CODE ..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>					
DAY	MONTH	YEAR					

011 CHECKED BY MONITOR/SUPERVISOR:..... SIGNATURE _____ DATE _____	<input type="text"/>
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**GPS READING**

- 1 Turn GPS machine on and wait until satellite page changes to "position"
- 2 Press "MARK"
- 3 Highlight "WAYPOINT NUMBER" and press "ENTER"
- 4 Enter facility code (seven digits)
- 5 Highlight "AVERAGE" and press "ENTER"
- 6 Wait 3 minutes
- 7 Highlight "SAVE" and press "ENTER"
- 8 Page to main menu, highlight "WAYPOINT LIST" and press "ENTER"
- 9 Highlight your waypoint
- 10 Copy information from waypoint list page- this is the average of all the satellite readings
- 11 Be sure to copy the waypoint name from the waypoint list page to verify that you are entering the correct waypoint information on the data form

012 WAYPOINT NAME .....	FACILITY CODE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
013 LATITUDE .....	DEGREES/DECIM    b <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . c <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
014 LONGITUDE .....	DEGREES/DECIM    b <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . c <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**FACILITY CHECKLIST FOR QUESTIONNAIRES:  
OUTPATIENT & INPATIENT SERVICES**

Facility code:

COUNT.	DIST	FAC			

I would like to start by asking about the overall facility organization and availability of services.  
 For each of the services that I mention, please indicate if the facility provides the service through a specific clinic or service unit.  
**FOR EACH SERVICE MENTIONED, MAKE CERTAIN THE SERVICE IS OFFERED AS A SERVICE SEPARATE FROM THE GENERAL OPD CURATIVE CARE SERVICE. IF YES, MARK AN 'X' IN THE CORRESPONDING BOX FOR "CLINIC/UNIT EXISTS".**  
 IF THERE ARE MORE THAN ONE SUCH CLINIC/UNIT IN THE FACILITY, USE THE CODE FOR 'OTHER'.  
 NEXT, ASK: Are clients who are suspected or confirmed to have HIV/AIDS ever seen initially, or provided with any services related to HIV/AIDS in this clinic/unit? IF CLIENTS WITH SUSPECTED OR CONFIRMED HIV/AIDS ARE PROVIDED AIDS-RELATED SERVICES IN THAT CLINIC/UNIT, MARK AN 'X' IN THE CORRESPONDING BOX FOR "HIV/AIDS CLIENTS". IF CLIENTS SUSPECTED OF HAVING HIV/AIDS ARE REFERRED ELSEWHERE, AND THE CLINIC/UNIT DOES NOT PROVIDE ANY SERVICES RELATED TO HIV/AIDS, THEN LEAVE THE BOX FOR "HIV/AIDS CLIENTS" BLANK.

CLINIC/UNIT	CLINIC/ UNIT EXISTS	HIV/AIDS CLIENTS	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED								
			Mod B or C	Mod G	Mod H	Mod I	Mod J	Mod D	Mod E	Mod F	
			OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM	
01 GENERAL OUTPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
02 PEDIATRIC OUTPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
03 ANTENATAL CARE (ANC) (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
04 FAMILY PLANNING (FP) (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
05 LABOR AND DELIVERY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
06 RESPIRATORY (TB/PCP) (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07 VCT OR CT ONLY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08 PMTCT ONLY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09 HIV/AIDS ONLY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10 OUTPATIENT C/U COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11 SEXUALLY TRANSMITTED INFECTION (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12 GYNECOLOGY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13 UROLOGY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14 DERMATOLOGY (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15 EMERGENCY (ER) (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16 HYPERTENSION, DIABETES CHRONIC ILLNESS (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17 MENTAL HEALTH (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18 COUNSELING (OPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19 OTHER OPD (SPECIFY TYPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20 OTHER OPD (SPECIFY TYPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21 OTHER OPD (SPECIFY TYPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22 HMIS (OPD or OPD&IPD)									<input type="checkbox"/>		
23 LAB (OPD or OPD & IPD)										<input type="checkbox"/>	
24 PHARMACY (OPD or OPD & IPD)											<input type="checkbox"/>

25	GENERAL MEDICAL INPATIENT (Male and Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	MALE MEDICAL INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	FEMALE MEDICAL INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	PEDIATRIC INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	HIV/AIDS INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	DELIVERY INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	RESPIRATORY (TB/PCP) INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	SURGERY INPATIENT (Male and Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34	MALE SURGICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	FEMALE SURGICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	OTHER IPD _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	OTHER IPD _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38	OTHER IPD _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	INPATIENT ONLY HMIS								<input type="checkbox"/>		
40	INPATIENT ONLY LAB								<input type="checkbox"/>		
41	INPATIENT ONLY PHARMACY								<input type="checkbox"/>		
				OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM
TOTAL QREs COMPLETED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HEALTH WORKER INTERVIEW QREs		<input type="checkbox"/>	<input type="checkbox"/>								

**STAFF LISTING FORM**

INTERVIEWER CODE

STAFF LISTING CODE

FACILITY CODE

COUNTRY    DISTRICT    FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		QUALIFICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER (SPECIFY)	INTERVIEW COMPLETE	
	CODE	NAME		COUNSEL	HIV TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV					YES	NO
01															
02															
03															
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\*Provider Qualification Code: **01**=Specialist/Consultant Physician    **02**=Physician/Medical Doctor    **03**=Medical Officer    **04**=Physician's Assistant/Medex    **05**=Nurse-Midwife    **06**=Nurse  
**07**=Midwife    **08**=Family Nurse Practitioner    **09**=Nursing Assistant    **10**=Clinic Aide    **11**=Public Health/Community Health Nurse    **12**=Community Health Worker  
**13**=Community Health Aide    **14**=Health Visitor    **15**=Health Educator    **16**=Lab Technician/Technologist    **17**=Lab Assistant    **18**=Social Worker  
**19**=HIV/AIDS Counselor    **20**=Other Counselor    **21**=Psychologist    **22**=Nutritionist    **23**=Other (write in)

**STAFF LISTING FORM**

INTERVIEWER CODE

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STAFF LISTING CODE

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FACILITY CODE

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COUNTRY    DISTRICT    FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		QUALIFICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER (SPECIFY)	INTERVIEW COMPLETE	
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW	NAME		COUNSEL	TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV					YES	NO
	CODE														
26															
27															
28															
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 Code:    **07**=Midwife    **08**=Family Nurse Practitioner    **09**=Nursing Assistant    **10**=Clinic Aide    **11**=Public Health/Community Health Nurse    **12**=Community Health Worker  
           **13**=Community Health Aide    **14**=Health Visitor    **15**=Health Educator    **16**=Lab Technician/Technologist    **17**=Lab Assistant    **18**=Social Worker  
           **19**=HIV/AIDS Counselor    **20**=Other Counselor    **21**=Psychologist    **22**=Nutritionist    **23**=Other (write in)

**SECTION A: OVERVIEW OF HIV/AIDS SERVICES**

<b>Code of facility:</b>	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="2">COUNTRY</td> <td align="center" colspan="2">DISTRICT</td> </tr> </table>					COUNTRY		DISTRICT		<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="3">FACILITY</td> </tr> </table>				FACILITY			QRE TYPE	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px; text-align:center;">A</td> </tr> </table>	A					
COUNTRY		DISTRICT																						
FACILITY																								
A																								
<b>Interviewer Code:</b>	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>																							
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. At a later point during our visit, we will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time to ask some basic questions and to learn about the different service units in this facility. After that, I will request to speak with others in the facility. We expect to spend (<i>one day / one-half day</i>) in total here talking to staff members. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>																								
100	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP																					
101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:10px; text-align:center;">:</td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="5">24 HOUR CLOCK</td> </tr> </table>			:			24 HOUR CLOCK					Date	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center">DAY</td> <td align="center">MONTH</td> <td align="center">YEAR</td> <td></td> <td></td> </tr> </table>						DAY	MONTH	YEAR		
		:																						
24 HOUR CLOCK																								
DAY	MONTH	YEAR																						

NO.	QUESTIONS	CODING CATEGORIES		GO TO
102	<b>GO TO FACILITY CHECKLIST PORTION OF COVER. AFTER THE FIRST TWO COLUMNS ARE FILLED IN, CONTINUE WITH THIS QUESTIONNAIRE AT Q103</b>			
103	Now I have some questions about staffing for this facility. The staffing I am referring to include those who provide outpatient services, and (if applicable) inpatient services. For each qualification that I mention, please tell me how many staff of this qualification your facility is authorized to have, and then tell me how many of this qualification are actually assigned to the facility.			
	QUALIFICATION	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	
01	Specialist/Consultant Physician .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
02	Physician (on site) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
03	Physician (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
04	Medical Officer/Physician .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
05	Physician's Assistant/Medex (on site) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
06	Physician's Assistant/Medex (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
07	Head Nurse or Nurse/Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
08	Nurse/Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
09	Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
10	Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
11	Family Nurse Practitioner .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
12	Nursing Assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
13	Clinic Aide/Personal Care Assistant (PCA) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
14	Public Health/Community Health Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
15	Community Health Worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
16	Community Health Aide .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
17	Health Visitor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
18	Health Educator .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
19	Lab technician/technologist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
20	Lab assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
21	Social worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
22	HIV/AIDS counselor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES		GO TO																																																
23	Other counselor .....	<input type="text"/>	<input type="text"/>																																																	
24	Psychologist .....	<input type="text"/>	<input type="text"/>																																																	
25	Nutritionist .....	<input type="text"/>	<input type="text"/>																																																	
26	All other clinical staff (non-administrative) .....	<input type="text"/>	<input type="text"/>																																																	
104	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (a) AND COLUMN (b).	<input type="text"/>	<input type="text"/>																																																	
You have told me that there are (TOTAL STAFF) clinical staff assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.																																																				
105	In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services? This might include seconded staff from other organizations or volunteers.	YES ..... 1 NO ..... 2		→ 108																																																
106	Please tell me the number of staff of each of the qualifications I will mention that are seconded to this facility, both the number providing HIV/AIDS related services and the number providing other services.	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">SERVICES</th> </tr> <tr> <th colspan="2"></th> <th>HIV/AIDS</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Doctor .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>02</td> <td>Medex .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>03</td> <td>Nurse .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>04</td> <td>Midwife .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>05</td> <td>Nursing assistant .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>06</td> <td>Laboratory technician .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>07</td> <td>Laboratory assistant .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>08</td> <td>Counselor .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>09</td> <td>Community worker .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>10</td> <td>Other clinical staff .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				SERVICES				HIV/AIDS	OTHER	01	Doctor .....	<input type="text"/>	<input type="text"/>	02	Medex .....	<input type="text"/>	<input type="text"/>	03	Nurse .....	<input type="text"/>	<input type="text"/>	04	Midwife .....	<input type="text"/>	<input type="text"/>	05	Nursing assistant .....	<input type="text"/>	<input type="text"/>	06	Laboratory technician .....	<input type="text"/>	<input type="text"/>	07	Laboratory assistant .....	<input type="text"/>	<input type="text"/>	08	Counselor .....	<input type="text"/>	<input type="text"/>	09	Community worker .....	<input type="text"/>	<input type="text"/>	10	Other clinical staff .....	<input type="text"/>	<input type="text"/>	
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10	Other clinical staff .....	<input type="text"/>	<input type="text"/>																																																	
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS	<input type="text"/>																																																	
108	Is there a pharmacy or other place where medications for outpatients are stored? PROBE FOR TYPE	OPD, OR OPD & IPD ..... 1 IPD ONLY ..... 2 NO ..... 3																																																		
109	Does the facility have a computer? (REPORTED RESPONSE IS ACCEPTABLE) IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING ..... 1 YES, NOT FUNCTIONING ..... 2 NO ..... 3		→ 111																																																

NO.	QUESTIONS	CODING CATEGORIES	GO TO
110	Is there access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES ..... 1 NO ..... 2	
111	Does the facility have a functioning telephone or 2-way radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)	YES, TELEPHONE ..... 1 YES, 2-WAY RADIC ..... 2 NO ..... 3	
112	Does this facility have a back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available?  (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE ..... 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE ..... 2 YES, BUT NOT FUNCTIONING ..... 3 NO GENERATOR ..... 4	
113	Does this facility ever obtain electricity from any non-generator source?	YES CENTRAL SUPPLY ..... 1 YES, SOLAR OR OTHER SUPPLY ..... 2 NO ..... 3	→ 116
114	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS/ALMOST ALWAYS AVAILABLE ..... 1 SOMETIMES INTERRUPTED ..... 2 ELECTRICITY ONLY AFTER DARK ..... 3	→ 116
115	IF SOMETIMES INTERRUPTED, ASK: How many <i>days</i> during the past week was the electricity <u>not</u> available for at least 2 hours?	NUMBER OF DAYS <u>NOT</u> AVAILABLE IN PAST WEEK ..... <input type="text"/>  NEVER INTERRUPTED 2 HOURS OR MORE ..... 0	
116	What is the most commonly used source of water for washing hands and other items in the facility?  (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE, SUCH AS PROTECTED WELL OR BOREHOLE ..... 1 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE ..... 2 RAINWATER PROTECTED ..... 3 RAINWATER UNPROTECTED ..... 4 RIVER OR LAKE OR POND ..... 5 OTHER _____ ..... 6 SPECIFY DON'T KNOW ..... 8	
117	Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE	YES, INSIDE FACILITY ..... 1 YES, OUTSIDE FACILITY ..... 2 NO ..... 3	
118	Is the water supply for this facility sometimes interrupted or always available?	SOMETIMES INTERRUPTED ..... 1 ALWAYS AVAILABLE ..... 2	→ 120
119	How many days in the last 6 months was water unavailable?	DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
120	Does this facility perform diagnostic x-rays?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
<p>AT THIS TIME, EXPLAIN TO THE IN-CHARGE THAT REMAINING QUESTIONS RELATE SPECIFICALLY TO HIV/AIDS. AND THAT YOU NEED TO SPEAK TO THE PERSON BEST ABLE TO RESPOND TO QUESTIONS ABOUT FACILITY LEVEL HIV/AIDS POLICIES IN ORDER TO COMPLETE THE NEXT PORTION OF THE QUESTIONNAIRE.</p> <p>YOU ALSO MAY WANT TO EXPLAIN AT THIS TIME THAT YOU WILL NEED TO SPEAK TO THE IN-CHARGE AT EACH CLINICAL CARE AND/OR SUPPORT SERVICE AREA FOR OUTPATIENT AND FOR INPATIENT SERVICES. ASK WHO COULD INTRODUCE YOU TO THE MOST APPROPRIATE RESPONDENTS.</p> <p>OFFER TO RETURN AT THE END OF THE DAY TO DEBRIEF THE FACILITY IN-CHARGE.</p>			
121	IF INFORMED CONSENT HAS NOT BEEN RECEIVED FROM THE RESPONDENT, READ TEXT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES ..... 1 NO ..... 2	
122	Do providers in this facility ever order or refer clients for HIV/AIDS testing? IF YES, INDICATE WHERE THE TEST IS DONE. IF THE FACILITY CONDUCTS THE TEST OR THERE IS AN AFFILIATED LABORATORY, THE LAB QRE MUST BE COMPLETED.	YES, FACILITY CONDUCTS TEST ..... 1 YES, FACILITY DRAWS BLOOD, SENDS TO EXTERNAL LABORATORY ..... 2 YES, FACILITY REFERS TO AFFILIATED EXTERNAL LABORATORY ..... 3 YES, CLIENTS REFERRED EXTERNALLY TO OTHER SITE (NON-AFFILIATED) ..... 4 NO ..... 5	→ 124 → 124 → 124 → 130
123	Where are HIV/AIDS tests conducted in this facility?  INDICATE ALL SITES FOR THIS FACILITY. MULTIPLE RESPONSES MAY APPLY.	(V)CT CLINIC ..... A PMTCT CLINIC ..... B LABORATORY (ONLY ONE IN FACILITY) ..... C LABORATORY-OUTPATIENT ONLY ..... D LABORATORY-INPATIENT ONLY ..... E RAPID TEST ONSITE IN CLINIC/UNIT OTHER THAN VCT OR PMTCT ..... F OTHER _____ X SPECIFY _____	→ LAB QRE → LAB QRE → LAB QRE
124	Are there guidelines or written procedures for counseling for HIV testing in this facility? (SEE GUIDELINE #1)  IF YES: May I see it?	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4 DON'T KNOW ..... 8	→ 126
125	Is there a written procedure for pre- and post-test counseling for HIV testing? (SEE GUIDELINE #1 - SUBSET)  IF YES: May I see it?	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4 DON'T KNOW ..... 8	
126	Is there an official institutional policy on confidentiality and disclosure of HIV test results or client HIV status? IF YES: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 128
127	Does the written policy specify that no one, <u>including family</u> , can be informed of the HIV/AIDS status without the client's consent?	YES, OBSERVED ..... 1 YES, REPORTED ..... 2 NO ..... 3	
128	Are new staff, who work with HIV/AIDS clients in any capacity, routinely given written or verbal instruction in confidentiality and disclosure of HIV test results or client status?	YES, IN CONTRACT ..... 1 YES, NOT IN CONTRACT ..... 2 NO ..... 3 DON'T KNOW ..... 8	
129	Do you have any staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY ..... 1 NO TRAINED COUNSELOR IN FACILITY ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO					
130	THE REMAINING QUESTIONS RELATE TO PEP. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR PEP?	YES ..... 1 NO ..... 2						
131	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY ..... 1 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 2 NO PEP AVAILABLE ..... 3	→133 →139					
132	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment?  IF YES, ASK TO SEE ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 YES, RECORD SHOWS REFERRAL ONLY ..... 2 YES, RECORD SHOWS TREATMENT ONLY ..... 3 NO RECORD OR REFERRAL ..... 4	→138 →138 →138 →138					
133	ASK TO GO TO WHERE PEP MEDICINES ARE STORED AND RECORD WHICH MEDICINES ARE PRESENT.	COMBIVIR (ZDV/3TC) ..... A STAVUDINE ..... B LAMIVUDINE ..... C INDINAVIR ..... D OTHER ..... W OTHER ..... X NONE ..... Y						
134	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	YES, LOCKED, SEPARATE FROM OTHER MEDICINES ..... 1 YES, LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES ..... 2 NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3 NO, NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES ..... 4 OTHER ..... 6 (SPECIFY)						
135	Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?	YES ..... 1 NO ..... 2	→137					
136	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES. (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4						
137	Is a record maintained for staff who are referred to this facility for or prescribed PEP at this facility? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3						
138	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4						
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>								
139	RECORD THE TIME AT END OF INTERVIEW	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 24 HOUR CLOCK			.			
		.						
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE								

**SECTION B: HIV/AIDS OUTPATIENT CARE**

Code of facility:	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	QRE TYPE	<input style="width:15px; height:15px; border: 1px solid black;" type="checkbox"/> <b>B</b>
	COUNTRY	DISTRICT	FACILITY		
Interviewer Code:	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>				

**ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. INTRODUCE YOURSELF AND VERIFY THAT THE CLINIC/UNIT IS ELIGIBLE FOR THE SURVEY.**

**CRITERIA FOR ELIGIBILITY:** CLINIC/UNIT EITHER PROVIDES CARE AND/OR SUPPORT SERVICES FOR CLIENTS WHO ARE SUSPECTED OR CONFIRMED HIV/AIDS CASES **OR** PROVIDES OR PRESCRIBES HIV/AIDS TESTS FOR A CLIENT **OR** PROVIDES COUNSELING RELATED TO HIV/AIDS.

**IF NO HIV/AIDS SERVICES ARE REPORTED AT THE FACILITY IN ANY CLINIC/UNIT, THIS QUESTIONNAIRE MUST BE COMPLETED.**

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input style="width:20px; height:20px;" type="text"/>	
		NAME OF UNIT _____	
200a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ .... 96 (SPECIFY)	MANAGING ..... <input style="width:20px; height:20px;" type="text"/> AUTHORITY	

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is \_\_\_\_\_. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about \_\_\_ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

201	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
202	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DATE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
	24 HOUR CLOCK	DAY	MONTH YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
203	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.</p> <p>INDICATE WHETHER STAFF LIST WAS COMPLETED.</p> <p>YES ..... 1</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p> <p>NO ..... 2</p>	
<p>Next, I want to understand any policies or practices for prescribing or referring clients in this clinic/unit for HIV test counseling or HIV testing.</p>			
204	<p>Do providers in this clinic/unit provide counseling for HIV tests?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
205	<p>Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 213
206	<p>When an HIV test is prescribed or a client referred for an HIV test, what is the procedure for the client to receive the test?</p> <p>AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.</p>	<p><b>CLINIC/UNIT IN THIS FACILITY</b></p> <p>RAPID TEST ONSITE IN CLINIC/UNIT ... A → (V)CT QRE</p> <p>CLIENT SENT TO OTHER CLINIC/UNIT ... B</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB ..... C → (V)CT QRE</p> <p>CLIENT SENT TO LAB ..... D → (V)CT QRE</p> <p><b>CLIENT REFERRED OUTSIDE FACILITY</b></p> <p>VCT STAND-ALONE SITE ..... E</p> <p>PMTCT STAND-ALONE SITE ..... F</p> <p>POLYCLINIC / HEALTH CENTRE ..... G</p> <p>DISTRICT OR REGIONAL HOSPITAL ... H</p> <p>OUTSIDE, AFFILIATED LABORATORY ... I → (V)CT QRE</p> <p>OUTSIDE, UNAFFILIATED LABORATORY J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
207	<p>CHECK Q206 TO DETERMINE IF CLIENT IS EVER REFERRED OUTSIDE THE FACILITY FOR THE HIV TEST</p>	<p>YES, EVER REFERRED OUTSIDE FACILITY 1</p> <p>NO, TEST PROVIDED INSIDE FACILITY 2</p>	→ 213
208	<p>Does this clinic/unit have an agreement with the referral site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?</p>	<p>YES ..... 1 → (V)CT QRE</p> <p>NO ..... 2</p>	
209	<p>Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>	
210	<p>When you refer the client to another facility for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>	→ 212
211	<p>Does the referral form have a place where the name and location of the referral site can be entered?</p>	<p>YES, OBSERVED ..... 1 → 213</p> <p>YES, REPORTED, NOT SEEN ..... 2 → 213</p> <p>NO ..... 3 → 213</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
212	<p>Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?</p> <p>IF YES, ASK: What methods do you use?</p> <p>CIRCLE ALL THAT APPLY.</p>	<p>PATIENT SENT WITH MEDICAL CHART/RECORD ..... A</p> <p>CALL TO GIVE CLIENT INFORMATION ... B</p> <p>REFERRAL LETTER ..... C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO METHOD USED ..... Y</p>	
213	<p>What is the normal practice for this clinic/unit if a person comes voluntarily to ask for an HIV test?</p> <p>PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.</p>	<p>PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT ... 1</p> <p>MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME .... 2</p> <p>REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY ..... 3</p> <p>REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T PROVIDE SERVICE OR REFERRAL 7</p>	
214	<p>Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ PMTCT QRE
215	<p>CHECK Q206, Q208, AND Q214 TO SEE IF THIS CLINIC/UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE.</p>	<p>YES ELIGIBLE FOR (V)CT OR PMTCT ... 1</p> <p>NO NOT ELIGIBLE ..... 2</p>	→ 219
216	<p>Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients?</p> <p>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>	<p>YES, IN UNIT, OBSERVED ..... 1</p> <p>YES, IN UNIT, REPORTED, NOT SEEN .... 2</p> <p>YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY ..... 3</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>YES, IN CENTRAL RECORDS ..... 4</p> <p>ONLY IF CLIENT PROVIDES ..... 5</p> <p>OTHER _____ 6</p> <p>SPECIFY</p> <p>NO INDIVIDUAL RECORD ..... 7</p>	
217	<p>Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit?</p> <p>IF YES: May I see the written policy?</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>	→ 219
218	<p>Does the policy specify that no one, <b>including family</b>, can be informed of the HIV/AIDS status without the client's consent?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
219	Now I would like to talk with the person most familiar with <b>clinical care services</b> that are available in this clinic/unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES .....	1	NO .....	2	
220	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY		REFER CLIENTS OUTSIDE FACILITY	NO SERVICE	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY			
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1→ TB QRE	2	3	4	
02	Diagnose tuberculosis (TB)	1→ TB QRE	2	3	4	
03	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	
04	Prescribe treatment for malaria	1	2	3	4	
221	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see it please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National guidelines for Universal Precautions (19)	1 → 03	2	3	4	
02	Other guidelines for infection control (19)	1	2	3	4	
03	National guidelines on management of STIs (13)	1 → 05	2	3	4	
04	Other guidelines for management of STIs (13)	1	2	3	4	
05	WHO guidelines on syndromic management of STIs (13)	1	2	3	4	
06	Guidelines for routinely offering HIV tests to all STI clients	1		3	4	
07	National guidelines for the management of malaria (14)	1 → 222	2	3	4	
08	Other guidelines for the management of malaria (14)	1	2	3	4	
222	Do you provide any clinical care for suspected or confirmed HIV/AIDS clients besides PMTCT or CT?  CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES .....	1	NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ENTER CLINIC/UNIT NUMBER .....	2	→ 229
		NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....	3	OTHER _____	6	→ 231 → 229
		SPECIFY				

NO.	QUESTIONS	CODING CATEGORIES					GO TO
223	Now I would like to talk with the person most familiar with <b>clinical services for HIV/AIDS</b> that are offered by this clinic/unit. OBTAIN INFORMED CONSENT IF NEW RESPONDENT. HAS CONSENT BEEN OBTAINED?	YES .....	1	NO .....	2		
224	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY			
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5	
02	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5	
03	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
04	Fortified protein supplementation (FPS)	1	2	3	4	5	
05	Prescribe or provide follow-up for ARV therapy in the facility or community based	1 → ART QRE	2	3	4	5	
06	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
07	Dental Services	1	2	3	4	5	
08	Gynecology	1	2	3	4	5	
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5	
225	For each service I mention, please tell me whether you routinely offer it to your clients. By routinely I mean the service is offered to every client who is identified as possible HIV infected. PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED				NO SERVICE NO REFERRAL	
		ROUTINELY		SELECTIVELY			
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER)		
01	Test or screen for tuberculosis	1	2	3	4	5	
02	Preventive treatment for TB (Isoniazid or INH)	1	2	3	4	5	
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia.	1	2	3	4	5	
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
226	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this clinic/unit?	YES ..... 1 NO ..... 2				→ 228
227	For each service I mention, are written guidelines available? IF YES: Could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOM- PLETE	REPORTED AVAILABLE, NOT SEEN		NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3		4
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3		4
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3		4
04	Guidelines on micronutrient supplementation (subset of 8)	1	2	3		4
05	Guidelines on advanced nutritional support (fortified protein supplements or FPS) (subset of 8)	1	2	3		4
06	Guidelines on provision of symptomatic or palliative care (subset of 8)	1	2	3		4
07	Guidelines on ART for adults (9)	1	2	3		4
08	National guidelines for the clinical management of HIV/AIDS infection in children (8)	1 → 10	2	3		4
09	Other guidelines for the clinical management of HIV/AIDS infection in children (8)	1	2	3		4
10	Guidelines on ART for children (9)	1	2	3		4
11	Guidelines on preventive therapy other than TB, such as PCP (6)	1	2	3		4
12	Guidelines on preventive therapy for tuberculosis (7)	1	2	3		4
13	National guidelines on community home-based care for HIV/AIDS clients	1 → 15		3		4
14	Other guidelines on community home-based care for HIV/AIDS clients	1		3		4
15	Standard operating procedures or guidelines for the care process for people with HIV/AIDS (5)	1	2	3		4
16	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1		3		4

NO.	QUESTIONS	CODING CATEGORIES				GO TO
228	For each specialty support service I mention, please tell me if you offer it to clients either in this facility or through referral. PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE THIS FACILITY	YES, CLIENT REFERRED OUTSIDE AND LIST OF REFERRAL SITES AVAILABLE			NO SERVICE NO REFERRAL
			OBSERVED	NOT SEEN, AND PROVIDER		
				CAN NAME SITE	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional medicines (e.g. bushtea)	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
229	When you refer the client to another clinic/unit <b>within the facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRALS WITHIN FACILITY ..... 4				→ 231 → 231 → 231
230	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL CHART/RECORD ..... A CALL TO GIVE CLIENT INFORMATION ... B REFERRAL LETTER ..... C OTHER _____ X (SPECIFY) NO METHOD USED ..... Y				
231	Is there a register or record of clients you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				
232	When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRALS TO OTHER FACILITY 4				→ 234 → 235
233	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				→ 235 → 235 → 235
234	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL CHART/RECORD ..... A CALL TO GIVE CLIENT INFORMATION ... B REFERRAL LETTER ..... C OTHER _____ X (SPECIFY) NO METHOD USED ..... Y				
235	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																																				
236	CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES ..... 1 NO ..... 2	→ 246																																																																																				
237	When a client receives services in this clinic/unit, where is the diagnosis recorded?  PROBE FOR ALL APPLICABLE AND CIRCLE ALL THAT APPLY.  ASK TO SEE ANY RECORDS THAT ARE PRESENT IN THE CLINIC/UNIT	<b>ONLY</b> INDIVIDUAL CLIENT CHART/RECORD UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT ..... A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS KEPT IN UNIT ..... B INDIVIDUAL CLIENT CHART/RECORD REGISTER IN COMPUTER ..... C REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS ..... D SPECIFIC REGISTER FOR HIV/AIDS CLIENTS IN CENTRAL RECORDS ..... E OTHER ..... F ..... G ..... X (SPECIFY) NO RECORD MAINTAINED ..... Y	→ 242          → 242																																																																																				
238	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER NOT SEEN ..... 4	→ 242																																																																																				
FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF CLIENT VISITS DURING THE PREVIOUS 12 MONTHS OR 1000 ENTRIES, WHICHEVER IS LESS.																																																																																							
239	<table border="0"> <tr> <td>01</td> <td>ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH)</td> <td>.....</td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS</td> <td>.....</td> </tr> <tr> <td>03</td> <td>KAPOSI'S SARCOMA</td> <td>.....</td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC)</td> <td>.....</td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX</td> <td>.....</td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNII PNEUMONIA)</td> <td>.....</td> </tr> <tr> <td>07</td> <td>PNEUMONIA</td> <td>.....</td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS)</td> <td>.....</td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS</td> <td>.....</td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME</td> <td>.....</td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA</td> <td>.....</td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____</td> <td>.....</td> </tr> </table>	01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH)	.....	02	TOXOPLASMOSIS	.....	03	KAPOSI'S SARCOMA	.....	04	AIDS-RELATED COMPLEX (ARC)	.....	05	HERPES ZOSTER/SIMPLEX	.....	06	PCP (PNEUMOCYSTIS CARNII PNEUMONIA)	.....	07	PNEUMONIA	.....	08	TB (TUBERCULOSIS)	.....	09	IMMUNOSUPPRESSION / HIV/AIDS	.....	10	WASTING SYNDROME	.....	11	CHRONIC DIARRHEA	.....	12	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	.....	<p style="text-align: center;">NUMBER OF VISITS</p> <table border="0"> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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240	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA ..... <input type="text"/> <input type="text"/> ENTER '97' IF UNABLE TO DETERMINE																																																																																					
241	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS	TOTAL NUMBER OF VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
242	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?	YES, FOR ALL VISITS ..... 1 YES, FOR CONFIRMED HIV/AIDS ONLY . 2 NO ..... 3	→ 246
243	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 245
244	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	
245	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
246	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2 ENTER CLINIC/UNIT <input type="text"/> <input type="text"/> NUMBER YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 248      → 253
247	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY . 2 NO RECORD OF REFERRAL ..... 3	→ 252 → 252 → 252
248	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 253
249	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO ..... 2	→ 253
250	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
251	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
252	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
253	Does this clinic/unit ever keep patients overnight for observation or treatment?  PROBE FOR CORRECT RESPONSE.	YES, BUT THERE ARE NO FORMAL INPATIENT SERVICES ... 1 YES, ADMITTED AS INPATIENT TO THIS CLINIC/UNIT ..... 2 NO, ADMITTED AS INPATIENT TO OTHER CLINIC/UNIT, THIS FACILITY ..... 3 NO OVERNIGHT CARE ..... 4	→ 257  → 257 → 257

NO.	QUESTIONS	CODING CATEGORIES	GO TO
254	Where are inpatients diagnosed or suspected having HIV kept in relation to other patients?  CIRCLE ALL THAT APPLY.	MIXED (HIV/AIDS AND OTHER) ..... A CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) ..... B SEPARATE UNIT/ROOM FOR HIV/AIDS ... C DO NOT TREAT HIV/AIDS PATIENT ..... Y DON'T KNOW ..... Z	
255	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many inpatients age 15 years or older are there today who have a probable or confirmed diagnosis of HIV/AIDS?	ADULTS, HIV/AIDS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed diagnosis of HIV/AIDS?	PEDIATRICS, HIV/AIDS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
03	How many inpatients age 15 years or older are there today in total, including all diagnoses?	ADULTS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
04	How many inpatients younger than 15 years are there today in total, including all diagnoses?	PEDIATRICS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
256	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS ..... A VERBAL FROM STAFF IN INPATIENT UNITS ..... B NO INFORMATION AVAILABLE ..... Y	
257	Is there an indoor waiting area for clients, for example where they are protected from sun and rain?	YES ..... 1 NO ..... 2	
258	Is there a client toilet that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING,CLEAN, ..... 1 YES, FUNCTIONING, NOT CLEAN ..... 2 YES, NOT FUNCTIONING ..... 3 NO CLIENT TOILET ..... 4	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
<b>ASK TO SEE THE AREA(S) IN THIS CLINIC/UNIT WHERE MOST CLIENTS WITH HIV/AIDS RELATED ILLNESSES OR THOSE RECEIVING HIV/AIDS RELATED SERVICES ARE EXAMINED. OBSERVE THE CONDITIONS UNDER WHICH CLIENT EXAMINATION TAKES PLACE. IF THERE ARE SEVERAL ROOMS FOR THE SAME PURPOSE, RANDOMLY PICK ONE TO ASSESS.</b>					
259	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	MASKS	1	2	3	
19	GOGGLES / GLASSES	1	2	3	
260	<p>Where is used equipment from this unit sterilized or disinfected before being reused again?</p> <p>CIRCLE ALL THAT APPLY</p> <p>USE SKIP FOR "D" IF IT IS ONLY OPTION CIRCLED</p>	<p>NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY ..... A</p> <p>THIS CLINIC/UNIT ..... B</p> <p>OTHER CLINIC/UNIT THIS FACILITY ... C</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>SEND TO OTHER FACILITY ..... D → 270</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ITEMS EVER PROCESSED ..... Y → 270</p>			
261	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	<p>YES ..... 1 → 270</p> <p>NO ..... 2</p>			



NO.	QUESTIONS	CODING CATEGORIES				GO TO				
<b>ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)</b>										
266	ITEM	<b>a) IS THE ITEM AVAILABLE?</b>				<b>b) IS THE ITEM IN WORKING ORDER?</b>				
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW		
01	AUTOCLAVE pressure; wet heat (electric)	1 → 01b	2 → 01b	3 02↵	8 02↵	1	2	8		
02	AUTOCLAVE pressure; wet heat (non-electric)	1 → 02b	2 → 02b	3 03↵	8 03↵	1	2	8		
03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 04↵	8 04↵	1	2	8		
04	POT W/COVER (FOR STEAM OR BOILING)	1	2	3	8					
05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 06↵	8 06↵	1	2	8		
06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 07↵	8 07↵	1	2	8		
07	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8					
08	WRITTEN GUIDELINES FOR PROCESSING	1	2	3	8					
267	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE.					OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape					1	2	3	8	
02	Stored in sterile container with lid that clasps shut					1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer					1	2	3	8	
04	On tray, covered with cloth or wrapped without TST sealing tape					1	2	3	8	
05	In container with disinfectant or antiseptic					1	2	3	8	
06	Other _____ (SPECIFY)					1	2	3	8	
268	Date of sterilization written on packet or container with processed items					1	2	3	8	
269	Storage location dry and clean					1	2	3	8	
270	FILTER: INDICATE IF THE WASTE DISPOSAL SITE FOR OUTPATIENT SERVICES HAS ALREADY BEEN ASSESSED.					YES ALREADY ASSESSED	NOT PREVIOUSLY ASSESSED	1	2	→ 277

NO.	QUESTIONS	CODING CATEGORIES	GO TO															
271	<p>Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.</p> <p>How does this clinic/unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</p>	BURNED IN INCINERATOR ..... 01 BURNED AND BURIED ..... 02 BURNED AND REMOVED TO OFFSITE DUMP ..... 03 BURNED AND NOT BURIED ..... 04 THROWN IN TRASH/OPEN PIT ..... 05 THROWN IN PIT LATRINE ..... 06 REMOVED OFFSITE ..... 07 OTHER ..... 96 (SPECIFY)																
272	<p>ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4																
273	<p>How does this clinic/unit finally dispose of needles and other sharps?</p>	SAME SITE AS OTHER WASTE (Q271) 01 BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE DUMP ..... 04 BURNED AND NOT BURIED ..... 05 THROWN IN TRASH/OPEN PIT ..... 06 THROWN IN PIT LATRINE ..... 07 REMOVED OFFSITE ..... 08 OTHER ..... 96 (SPECIFY)	→ 275															
274	<p>ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4																
275	<p>CHECK Q271 AND Q273, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?</p>	YES ..... 1 NO ..... 2	→ 277															
276	<p>How is the waste that is collected and removed offsite finally disposed?</p>	INCINERATED ..... 1 TAKEN TO LOCAL DUMP AND BURNED ..... 2 TAKEN TO LOCAL DUMP AND NOT BURNED ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8																
277	<p>ASSESS GENERAL CLEANLINESS OF FACILITY.</p> <ul style="list-style-type: none"> <li>• A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE.</li> <li>• A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.</li> </ul>	FACILITY CLEAN ..... 1 FACILITY NOT CLEAN ..... 2																
278	<p>RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q206 &amp; 208</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PMTCT Q214</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TB Q220 (01 and 02)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ART Q224 (05)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NOT APPLICABLE	(V)CT Q206 & 208	1	2	PMTCT Q214	1	2	TB Q220 (01 and 02)	1	2	ART Q224 (05)	1	2	
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(V)CT Q206 & 208	1	2																
PMTCT Q214	1	2																
TB Q220 (01 and 02)	1	2																
ART Q224 (05)	1	2																
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER. SPECIFICALLY, CHECK Q239-1241.</b>																		
279	<p>RECORD THE TIME AT END OF INTERVIEW</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 12px;">.</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 8px;">24 HOUR CLOCK</td> </tr> </table>			.			24 HOUR CLOCK					<p><b>THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.</b></p>					
		.																
24 HOUR CLOCK																		

**SECTION C: HIV/AIDS INPATIENT CARE**

<b>Code of facility:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COUNTRY DISTRICT FACILITY	<b>QRE TYPE</b>	<input checked="" type="checkbox"/> C
<b>Interviewer Code:</b>	<input type="text"/> <input type="text"/>		
<p><b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT INPATIENT HIV/AIDS SERVICES. INTRODUCE YOURSELF AND VERIFY THAT THE INPATIENT SERVICES ARE ELIGIBLE FOR THE SURVEY.</b></p> <p><b>CRITERIA FOR ELIGIBILITY:</b> THE FACILITY CARES FOR ANY ADMITTED PATIENTS WITH CONFIRMED OR SUSPECTED HIV/AIDS, REGARDLESS OF REASON FOR ADMISSION; <b>OR</b> PROVIDERS SOMETIMES PRESCRIBE HIV/AIDS TESTS FOR INPATIENTS <b>OR</b> PROVIDE COUNSELING RELATED TO HIV/AIDS. IF UNIT REFERS A CLIENT ELSEWHERE IF HIV/AIDS IS SUSPECTED, AND DOES NOT PROVIDE ANY PRESCRIPTION OR COUNSELING RELATED TO TESTING AND DOES NOT PROVIDE ANY FOLLOW-UP FOR HIV/AIDS CLIENTS THEN THE UNIT IS DEFINED AS PROVIDING NO HIV/AIDS CARE OR SUPPORT SERVICES.</p>			
300	INDICATE WHICH INPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/>	
		NAME OF UNIT _____	
300a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>			
301	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
302	RECORD THE TIME AT BEGINNING OF INTERVIEW	_____ : _____ 24 HOUR CLOCK	DATE _____ DAY MONTH YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
303	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.</p> <p>YES ..... 1  NUMBER OF STAFF LISTED <input type="text"/><input type="text"/>  NO ..... 2</p>	
<p>Next I want to understand any policies or practices for prescribing or referring clients in this unit for HIV counseling and/or testing</p>			
304	Do providers in this unit provide counseling for HIV tests?	<p>YES ..... 1  NO ..... 2</p>	
305	Do providers in this unit ever prescribe HIV tests?	<p>YES ..... 1  NO ..... 2</p>	→ 307
306	<p>When an inpatient is prescribed an HIV test, what is the procedure for the client to receive the test?</p> <p>AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST.</p> <p>CIRCLE ALL THAT APPLY.</p>	<p><b>CLINIC/UNIT IN THIS FACILITY</b></p> <p>RAPID TEST ONSITE IN CLINIC/UNIT ..... A → (V)CT QRE  CLIENT SENT TO OTHER CLINIC/UNIT ..... B  ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/>  STAFF FROM OTHER CLINIC/UNIT COME TO INPATIENT UNIT ..... C  ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/>  BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB ..... D → (V)CT QRE  CLIENT SENT TO LAB ..... E → (V)CT QRE  OTHER _____ X  (SPECIFY)</p>	
307	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	<p>YES ..... 1  NO ..... 2</p>	→ PMTCT QRE
308	CHECK Q306 AND 307 TO SEE IF THIS UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE	<p>YES ..... 1  NO ..... 2</p>	→ 312
309	<p>Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients?</p> <p>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>	<p>YES, IN UNIT, OBSERVED ..... 1  YES, IN UNIT, REPORTED, NOT SEEN ..... 2  YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3  ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/>  YES, IN CENTRAL RECORDS ..... 4  ONLY IF CLIENT PROVIDES ..... 5  OTHER _____ 6  SPECIFY  NO INDIVIDUAL RECORD ..... 7</p>	
310	<p>Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this unit?</p> <p>IF YES: May I see the written policy?</p>	<p>YES, OBSERVED ..... 1  YES, REPORTED, NOT SEEN ..... 2  NO ..... 3</p>	→ 312
311	Does the policy specify that no one, <b>including family</b> , can be informed of the HIV/AIDS status without the client's consent?	<p>YES ..... 1  NO ..... 2</p>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
312	The next set of questions is regarding <b>clinical services</b> available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES .....	1	NO .....	2		
313	For each service I mention, please tell me whether it is provided here in this clinic/unit or if clients are referred elsewhere.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE NO REFERRAL	
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDE SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY		
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1→ TB QRE	2	3	4		5
02	Diagnose tuberculosis (TB)	1→ TB QRE	2	3	4		5
03	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4		5
04	Prescribe treatment for malaria	1	2	3	4	5	
314	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see the guideline please?	OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE		
01	National guidelines for Universal Precautions (19)	1→ 03	2	3	4		
02	Other guidelines for infection control (19)	1	2	3	4		
03	National guidelines on management of STIs (13)	1→ 05	2	3	4		
04	Other guidelines for management of STIs (13)	1	2	3	4		
05	WHO Syndromic approach to diagnosing STI (13)	1	2	3	4		
06	Guidelines for routinely offering HIV tests to all STI clients	1		3	4		
07	National guidelines for the management of malaria (14)	1→ 315	2	3	4		
08	Other guidelines for the management of malaria (14)	1	2	3	4		
315	Does this clinic/unit provide any clinical care or support services for suspected or confirmed HIV/AIDS clients besides PMTCT or CT?  CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES .....	1	NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY .....	2	→ 323	
		ENTER CLINIC/UNIT NUMBER .....	<input type="text"/>	NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....	3	→ 326	
		OTHER _____	6	(SPECIFY)		→ 323	
316	Where are inpatients diagnosed or suspected having HIV kept in relation to other patients?  CIRCLE ALL THAT APPLY.	MIXED (HIV/AIDS AND OTHER) .....	A	CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) .....	B		
		SEPARATE UNIT/ROOM FOR HIV/AIDS .....	C				

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
317	The next set of questions is regarding <b>clinical services for HIV/AIDS</b> available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES ..... 1 NO ..... 2					
318	For each service I will mention, please tell me whether it is provided here or if clients are referred elsewhere.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE, NO REFERRAL	
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5	
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	3	4	5	
03	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5	
04	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
05	Fortified protein supplementation (FPS)	1	2	3	4	5	
06	Prescribe Antiretroviral Therapy (ART)	1 → ART QRE	2	3	4	5	
07	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
08	Dental Care	1	2	3	4	5	
09	Gynecology	1	2	3	4	5	
10	Other HIV/AIDS services (SPECIFY)	1	2	3	4	5	
319	Next I want to ask about specific services that are offered to HIV/AIDS clients who are seen in this unit.  For each preventive service I mention, please tell me whether you routinely offer it to your clients.  PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY	SERVICE OFFERED				NO SERVICE, NO REFERRAL	
		ROUTINELY		SELECTIVELY			
		TO INPATIENTS		CLIENT REFERRED ON DISCHARGE	SERVICE SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)		
		INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY		OTHER FACILITY	
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6
02	Preventive treatment for TB (INH)	1	2	3	4	5	6
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia	1	2	3	4	5	6
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	6
06	Condom distribution for preventing further transmission of HIV/AIDS	1	2	3	4	5	6

NO.	QUESTIONS	CODING CATEGORIES			GO TO
320	Do you have any guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	YES ..... 1 NO ..... 2			→ 322
321	For each service I mention, if written guidelines are available, could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPL- ETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3	4
04	Guidelines on micronutrient supplementation (subset of 8)	1	2	3	4
05	Guidelines on advanced nutritional support (FPS) (subset of 8)	1	2	3	4
06	Guidelines on provision of symptomatic or palliative care (subset of 8)	1	2	3	4
07	ART for adults (9)	1	2	3	4
08	National guidelines for the clinical management of HIV/AIDS infection in children (8)	1 → 10	2	3	4
09	Other guidelines for the clinical management of HIV/AIDS infection in children (8)	1	2	3	4
10	ART for children (9)	1	2	3	4
11	Guidelines on preventive therapy other than TB, such as PCP (6)	1	2	3	4
12	Guidelines on preventive therapy for tuberculosis (7)	1	2	3	4
13	National guidelines on community home-based care for HIV/AIDS clients	1 → 15		3	4
14	Other guidelines on community home-based care for HIV/AIDS clients	1		3	4
15	Standard operating procedures or guidelines for the care process for people with HIV/AIDS (5)	1	2	3	4
16	Other guidelines relevant to HIV/AIDS or related services <hr/> (SPECIFY)	1		3	4

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
322	For each support or educational service I mention, please tell me if you offer it to clients either in this clinic or through referral? PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE IN THIS FACILITY	YES, CLIENT REFERRED OUTSIDE FROM A LIST OF REFERRAL SITES		SERVICE NEVER OFFERED	
		OBSERVED	NOT SEEN, AND PROVIDER			
			CAN NAME SITE	CANNOT NAME SITE		
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support such as food, material, income generating projects and fee exemption, for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services (SPECIFY)	1	2	3	4	5
323	When you refer the client to another clinic/unit <b>within the facility</b> , for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRAL WITHIN FACILITY ..... 4			→ 325 → 325 → 326	
324	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What methods do you use?  CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL CHART/RECORD ..... A CALL TO GIVE CLIENT INFORMATION .. B REFERRAL LETTER ..... C OTHER _____ X (SPECIFY) NO METHOD USED ..... Y				
325	Is there a register or record where it is noted when a client is referred to another clinic/unit <b>within the facility</b> for a service IF YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				
326	When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRALS TO OTHER FACILITY ..... 4			→ 328 → 329	
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			→ 329 → 329 → 329	
328	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL CHART/RECORD ..... A CALL TO GIVE CLIENT INFORMATION .. B REFERRAL LETTER ..... C OTHER _____ X (SPECIFY) NO METHOD USED ..... Y				
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES ..... 1 NO ..... 2	→ 340
331	When a client receives services in this clinic/unit, where is the diagnosis recorded?  PROBE FOR ALL APPLICABLE AND CIRCLE ALL THAT APPLY AND ASK TO SEE ANY RECORDS THAT ARE PRESENT IN THE CLINIC/UNIT	<b>ONLY</b> INDIVIDUAL CLIENT CHART/RECORD .. A REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT ..... B SPECIFIC REGISTER FOR HIV/AIDS CLIENTS, KEPT IN UNIT ..... C INDIVIDUAL CLIENT CHART/RECORD ..... D REGISTER IN COMPUTER ..... E REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS ..... F SPECIFIC REGISTER FOR HIV/AIDS CLIENTS, IN CENTRAL RECORDS ..... G OTHER _____ X (SPECIFY) NO RECORD MAINTAINED ..... Y	→ 336          → 336
332	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER NOT SEEN ..... 4	→ 336
333	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF INPATIENT CLIENTS (ADMISSIONS) DURING THE LAST 12 COMPLETED MONTHS.		
01 ORAL/ESOPHAGEAL CANDIDIASIS ... 02 TOXOPLASMOSIS ..... 03 KAPOSII'S SARCOMA ..... 04 AIDS-RELATED COMPLEX (ARC) ..... 05 HERPES ZOSTER/SIMPLEX ..... 06 PCP (PNEUMOCYSTIS CARNII PNEUMONIA) ..... 07 PNEUMONIA ..... 08 TB (TUBERCULOSIS) ..... 09 IMMUNOSUPPRESISON/ HIV/AII ..... 10 WASTING SYNDROME ..... 11 CHRONIC DIARRHEA ..... 12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE ... (SPECIFY) _____		NUMBER OF ADMISSIONS ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA ..... ENTER '97' IF UNABLE TO DETERMINE	
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	TOTAL NUMBER OF PATIENTS	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS ..... 1 YES, FOR CONFIRMED HIV/AIDS ONLY ..... 2 NO ..... 3	→ 340
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 339
338	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	
339	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
340	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many inpatients age 15 years or older are there today who have a probable or confirmed diagnosis of HIV/AIDS?	ADULTS, HIV/AIDS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed diagnosis of HIV/AIDS?	PEDIATRICS, HIV/AIDS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
03	How many inpatients age 15 years or older are there today in total, including all diagnoses?	ADULTS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
04	How many inpatients younger than 15 years are there today in total, including all diagnoses?	PEDIATRICS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
341	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS ..... A VERBAL FROM STAFF IN INPATIENT UNITS ..... B NO INFORMATION AVAILABLE ..... Y	
342	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 344  → 349
343	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY ..... 2 NO RECORD OF REFERRAL ..... 3	→ 348 → 348 → 348
344	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 349

NO.	QUESTIONS	CODING CATEGORIES	GO TO
345	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO . . . . . 2	→ 349
346	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO . . . . . 4	
347	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3	
348	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3	
349	Is there a toilet that patients from this unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING. . . . . 3 NO CLIENT TOILET . . . . . 4	
ASK TO SEE WHERE PROCEDURES AND EXAMINATIONS FOR INPATIENTS ARE CONDUCTED, IF THIS IS SEPARATE FROM PATIENT UNITS. IF THERE IS MORE THAN ONE ROOM IN A PATIENT UNIT, RANDOMLY SELECT ONE ROOM IN THAT UNIT AND INDICATE THE ROOM'S CONDITIONS.			
350	INDICATE WHICH PATIENT ROOM THE FOLLOWING DATA IS FROM	INPATIENT UNIT . . . . . 1 EXAM/PROCEDURE ROOM . . . . . 2 OTHER _____ 6 (SPECIFY TYPE)	
351	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED      REPORTED, NOT SEEN      NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04      2      3	
02	AUDITORY PRIVACY	1      2      3	
03	VISUAL PRIVACY	1      2      3	
04	RUNNING WATER	1 → 06      2      3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1      2      3	
06	SOAP	1      2      3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1      2      3	
08	SHARPS CONTAINER	1      2      3	
09	DISPOSABLE LATEX GLOVES	1 → 11      2      3	
10	DISPOSABLE NON-LATEX GLOVES	1      2      3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1      2      3	
12	CONDOMS	1      2      3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1      2      3	
14	RAPID TEST FOR HIV	1      2      3	
15	DISPOSABLE NEEDLES	1      2      3	
16	DISPOSABLE SYRINGES	1      2      3	
17	EXAMINATION TABLE	1      2      3	
18	MASKS	1      2      3	
19	GOGGLES / GLASSES	1      2      3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
352	Is there another type of room where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures such as spinal taps are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE	INPATIENT UNIT . . . . .	1		→ 356
		EXAM/PROCEDURE ROOM . . . . .	2		
		OTHER _____ (SPECIFY TYPE)	6		
		NO OTHER AREA . . . . .	7		
353	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	MASKS	1	2	3	
19	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
354	Is there another type of room where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures (e.g., spinal tap) are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE	INPATIENT UNIT ..... 1 EXAM/PROCEDURE ROOM ..... 2 OTHER ..... 6 _____ (SPECIFY TYPE) NO OTHER AREA ..... 7	→ 356
355	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED    REPORTED,    NOT NOT SEEN    AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04      2      3	
02	AUDITORY PRIVACY	1          2          3	
03	VISUAL PRIVACY	1          2          3	
04	RUNNING WATER	1 → 06      2      3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1          2          3	
06	SOAP	1          2          3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1          2          3	
08	SHARPS CONTAINER	1          2          3	
09	DISPOSABLE LATEX GLOVES	1 → 11      2      3	
10	DISPOSABLE GLOVES-NON LATEX	1          2          3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1          2          3	
12	CONDOMS	1          2          3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1          2          3	
14	RAPID TEST FOR HIV	1          2          3	
15	DISPOSABLE NEEDLES	1          2          3	
16	DISPOSABLE SYRINGES	1          2          3	
17	EXAMINATION TABLE	1          2          3	
18	MASKS	1          2          3	
19	GOGGLES / GLASSES	1          2          3	
356	Where is used equipment from this unit sterilized or disinfected before being reused again?  CIRCLE ALL THAT APPLY.  USE SKIP FOR "D" IF IT IS ONLY OPTION CIRCLED	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY ..... A THIS CLINIC/UNIT ..... B OTHER CLINIC/UNIT THIS FACILITY ..... C ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> SEND TO OTHER FACILITY ..... D OTHER _____ X (SPECIFY) NO ITEMS EVER PROCESSED ..... Y	→ 366   → 366
357	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION	YES ..... 1 NO ..... 2	→ 366

NO.	QUESTIONS	CODING CATEGORIES					GO TO	
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION								
358	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?  CIRCLE ALL THAT APPLY	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER ..... A BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT ..... B BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... C SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED ..... D OTHER _____ X (SPECIFY) NONE ..... Y DON'T KNOW ..... Z						
359	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> and where are they done?	(a)			(b)			
		YES	NO	DON'T KNOW	IN UNIT/ CLINIC	CENTRAL PROCESSING	OFF SITE	
01	Dry heat sterilization	1	2 02 ←	8	1	2	3	
02	Autoclave	1	2 03 ←	8	1	2	3	
03	Steam	1	2 04 ←	8	1	2	3	
04	Boiling	1	2 05 ←	8	1	2	3	
05	Chemical method	1	2 06 ←	8	1	2	3	
06	Other _____ SPECIFY	1	2 07 ←	8	1	2	3	
07	Use disposables <b>only</b>	1	2	8				
360	After cleaning, what are the <b>final</b> processes most commonly used for sterilizing or disinfecting <b>medical equipment</b> , such as surgical instruments, before they are reused, and where are they done?	(a)			(b)			
		YES	NO	DON'T KNOW	IN UNIT/ CLINIC	CENTRAL PROCESSING	OFF SITE	
01	Dry heat sterilization	1	2 02 ←	8	1	2	3	
02	Autoclave	1	2 03 ←	8	1	2	3	
03	Steam	1	2 04 ←	8	1	2	3	
04	Boiling	1	2 05 ←	8	1	2	3	
05	Chemical method	1	2 06 ←	8	1	2	3	
06	Other _____ SPECIFY	1	2 07 ←	8	1	2	3	
07	Processed outside facility <b>only</b>	1	2	8				
361	FILTER: ARE ALL ITEMS UNDER Q360 ARE MARKED '2' FOR 'NO'? THAT IS, MEDICAL EQUIPMENT DOES NOT UNDERGO A FINAL DISINFECTION PROCESS.	YES ..... 1 NO ..... 2					→ 366	

NO.	QUESTIONS	CODING CATEGORIES				GO TO						
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)												
362	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?						
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW				
	01	AUTOCCLAVE pressure; wet heat (electric)	1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8			
	02	AUTOCCLAVE pressure; wet heat (non-electric)	1 → 02b	2 → 02b	3 03 ↙	8 03 ↙	1	2	8			
	03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 04 ↙	8 04 ↙	1	2	8			
	04	POT W/COVER (FOR STEAM OR BOILING)	1	2	3	8						
	05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 06 ↙	8 06 ↙				1	2	8
	06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 07 ↙	8 07 ↙	1	2	8			
	07	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8						
08	WRITTEN GUIDELINES FOR PROCESSING	1	2	3	8							
363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AND INDICATE WHICH OF THE BELOW WAS OBSERVED, OR REPORTED, AS A PRACTICE	OBSERVED				REPORTED, NOT SEEN			NOT AVAILABLE		DONT KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1				2			3		8	
02	Stored in sterile container with lid that clasps shut	1				2			3		8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1				2			3		8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1				2			3		8	
05	In container with disinfectant or antiseptic	1				2			3		8	
06	Other _____ (SPECIFY)	1				2			3		8	
364	Date of sterilization written on packet or container with processed items	1				2			3		8	
365	Storage location dry and clean	1				2			3		8	
366	INDICATE IF THE WASTE DISPOSAL SITE FOR INPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES, SAME SITE FOR OUT AND INPATIENT .....				1			→ 373			
		YES INPATIENT SITE ASSESSED .....				2			→ 373			
		NOT PREVIOUSLY ASSESSED .....				3						

NO.	QUESTIONS	CODING CATEGORIES	GO TO															
367	How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR ..... 01 BURNED AND BURIED ..... 02 BURNED AND REMOVED TO OFFSITE DUMP ..... 03 BURNED AND NOT BURIED ..... 04 THROWN IN TRASH/OPEN PIT ..... 05 THROWN IN PIT LATRINE ..... 06 REMOVED OFFSITE ..... 07 OTHER _____ 96 (SPECIFY)																
368	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4																
369	How does this unit finally dispose of needles and other sharp objects?	SAME SITE AS OTHER WASTE (Q367) ..... 01 BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE DUMP ..... 04 BURNED AND NOT BURIED ..... 05 THROWN IN TRASH/OPEN PIT ..... 06 THROWN IN PIT LATRINE ..... 07 REMOVED OFFSITE ..... 08 OTHER _____ 96 (SPECIFY)	→ 371															
370	ASK TO SEE PLACE USED FOR DISPOSAL OF SHARP ITEMS OR WHERE ITEMS ARE KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4																
371	CHECK Q367 AND 369, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO ..... 2	→ 373															
372	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL DUMP AND BURNED ..... 2 TAKEN TO LOCAL DUMP AND NOT BURNED ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8																
373	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN ..... 1 FACILITY NOT CLEAN ..... 2																
374	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	<table border="1"> <thead> <tr> <th></th> <th>COMPLETE</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q306</td> <td>1</td> <td>2</td> </tr> <tr> <td>PMTCT Q307</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB Q313 (01, 02)</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART Q318 (06)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		COMPLETE	NOT APPLICABLE	(V)CT Q306	1	2	PMTCT Q307	1	2	TB Q313 (01, 02)	1	2	ART Q318 (06)	1	2	
	COMPLETE	NOT APPLICABLE																
(V)CT Q306	1	2																
PMTCT Q307	1	2																
TB Q313 (01, 02)	1	2																
ART Q318 (06)	1	2																
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER SPECIFICALLY, CHECK Q333-Q335 AND Q340-Q341.</b>																		
375	RECORD THE TIME AT END OF INTERVIEW	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 24 HOUR CLOCK																

**SECTION D. HEALTH MANAGEMENT SYSTEM**

<b>Code of facility:</b>	<input type="text"/> <input type="text"/> COUNTRY	<input type="text"/> <input type="text"/> DISTRICT	<input type="text"/> <input type="text"/> <input type="text"/> FACILITY	QRE <input checked="" type="checkbox"/> D TYPE
<b>Interviewer Code:</b>	<input type="text"/> <input type="text"/>			

400	INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER	<input type="text"/> <input type="text"/>
400a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ .... 96 (SPECIFY)	MANAGING AUTHORITY .....	<input type="text"/> <input type="text"/>

**FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS HMIS REPORTS PREPARED BY THE FACILITY**

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is \_\_\_\_\_. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related statistics and records kept in this facility. We will ask to see various records and reports for HIV/AIDS-related services. We are not interested in names of patients -- only numbers. We will not record your name so it cannot be linked with the information you give us.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about \_\_\_ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

401	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
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402	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK	DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
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NO.	QUESTIONS	CODING CATEGORIES			GO TO
403	What is your current professional qualification?  MARK HIGHEST QUALIFICATION	GENERAL CLERK .....	1		
		HEALTH STATISTICS .....	2		
		MEDICALLY TRAINED .....	3		
		OTHER _____	6		
		(SPECIFY)			
404	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL .....	1		→ 409
		YES, INFORMAL .....	2		
		NO .....	3		
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS, WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	NUMBER OF DAYS .....	<input type="text"/>	<input type="text"/>	
		NUMBER OF MONTHS .....	<input type="text"/>	<input type="text"/>	
406	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY .....	1		
		INFORMALLY, ON-THE-JOB .....	2		
		BOTH FORMALLY AND INFORMALLY ...	3		
407	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS .....	1		
		IN PAST 1-3 YEARS .....	2		
		MORE THAN 3 YEARS AGO .....	3		
408	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY .....	1		
		INFORMALLY, ON-THE-JOB .....	2		
409	How many years have you been responsible for HMIS records/reports in this facility? RECORD '01' FOR LESS THAN ONE YEAR	YEARS .....	<input type="text"/>	<input type="text"/>	
410	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL .....	1		→ 412
		YES, INFORMAL .....	2		
		NO .....	3		
411	Who do you train in HMIS?	STAFF IN HMIS UNIT .....	1		
		STAFF IN SERVICE UNITS .....	2		
		STAFF IN HMIS AND SERVICE UNITS .	3		
		OTHER _____	6		
		(SPECIFY)			
412	Do you have the following guidelines? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	HMIS reporting guidelines	1	2	3	
02	HIV/AIDS surveillance reporting guidelines	1	2	3	
03	National technical guidelines for integrated disease surveillance and response	1	2	3	
04	National HIV/AIDS reporting guidelines	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
413	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
01	Outpatient services	1	2	3	4
02	Inpatient services	1	2	3	4
03	Laboratory services	1	2	3	4
04	Respiratory/Tuberculosis services	1	2	3	4
05	HIV counseling and testing services	1	2	3	4
06	Antiretroviral treatment services	1	2	3	4
07	Prevention of mother-to-child transmission services	1	2	3	4
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4
414	WAS '1' OR '2' MARKED FOR ANY SERVICES LISTED IN Q413, INDICATING REPORTS ON SERVICES FOR PLHA?	YES .....	NO .....	1 2	→ 429
415	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 418	3 → 418	4 → 418
416	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS .....			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
417	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA .....			<input type="text"/> <input type="text"/>
418	How frequently are reports on HIV/AIDS services or patients submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5			→ 420
419	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)			
420	ASK TO SEE THE REPORT FOR <u>NEWLY DIAGNOSED</u> HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER	NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REPORT NOT SEEN ..... 9994 NO REPORT COMPILED ..... 9995 NOT APPLICABLE ..... 9997			→ 422 → 422 → 422
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA .....			<input type="text"/> <input type="text"/>
422	ASK TO SEE THE REPORT FOR <u>OUTPATIENT CLIENT VISITS</u> FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q428(A) TO COLLECT INFORMATION, THEN RETURN TO Q423.	CLIENT VISITS FOR HIV/AIDS RELATED ILLNESS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REPORT NOT SEEN ..... 9994 NO REPORT COMPILED ..... 9995 NOT APPLICABLE ..... 9997			→ 425 → 425 → 425

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																								
423	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED (INCLUDING NON-HIV RELATED)	TOTAL VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																									
424	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>																																																									
425	ASK TO SEE THE REPORT FOR <u>INPATIENT ADMISSIONS</u> FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q428(B) TO COLLECT INFORMATION, THEN RETURN TO Q426	INPATIENT ADMISSIONS FOR HIV/AIDS RELATED ILLNESS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REPORT NOT SEEN ..... 9994 → 429 NO REPORT COMPILED ..... 9995 → 429 NOT APPLICABLE ..... 9997 → 429																																																									
426	RECORD THE TOTAL NUMBER OF INPATIENT ADMISSIONS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED (INCLUDING NON-HIV RELATED)	TOTAL ADMISSIONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																									
427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>																																																									
428	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF OUTPATIENT VISITS (AS EXPLAINED IN Q422) AND INPATIENT ADMISSIONS (AS EXPLAINED IN Q425) DURING THE LAST 12 MONTHS  1 ORAL/ESOPHAGEAL CANDIDIASIS ..... 2 TOXOPLASMOSIS ..... 3 KAPOSII'S SARCOMA ..... 4 AIDS-RELATED COMPLEX (ARC) ..... 5 HERPES ZOSTER/SIMPLEX ..... 6 PCP (PNEUMOCYSTIS CARNII PNEUMONIA) 7 PNEUMONIA ..... 8 TB (TUBERCULOSIS) ..... 9 IMMUNOSUPPRESSION / HIV/AIDS ..... 10 WASTING SYNDROME ..... 11 CHRONIC DIARRHEA ..... 12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....	<table border="0"> <tr> <td></td> <td style="text-align: center;">(A)</td> <td style="text-align: center;">NUMBER</td> <td style="text-align: center;">(B)</td> </tr> <tr> <td></td> <td style="text-align: center;">OUTPATIENT VISITS</td> <td></td> <td style="text-align: center;">INPATIENT ADMISSIONS</td> </tr> <tr> <td>1</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>5</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>6</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>7</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>8</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>9</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>10</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>11</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>12</td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> </table>		(A)	NUMBER	(B)		OUTPATIENT VISITS		INPATIENT ADMISSIONS	1	<input type="text"/>		<input type="text"/>	2	<input type="text"/>		<input type="text"/>	3	<input type="text"/>		<input type="text"/>	4	<input type="text"/>		<input type="text"/>	5	<input type="text"/>		<input type="text"/>	6	<input type="text"/>		<input type="text"/>	7	<input type="text"/>		<input type="text"/>	8	<input type="text"/>		<input type="text"/>	9	<input type="text"/>		<input type="text"/>	10	<input type="text"/>		<input type="text"/>	11	<input type="text"/>		<input type="text"/>	12	<input type="text"/>		<input type="text"/>	
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11	<input type="text"/>		<input type="text"/>																																																								
12	<input type="text"/>		<input type="text"/>																																																								
429	How do you ensure data quality?  CIRCLE ALL THAT APPLY	SPOT CHECKS AT POINT OF SERVICE A CONTINUAL TRAINING OF SERVICE STAFF ..... B RESPONSE ANALYSIS ..... C INTERNAL CHECKS ..... D RETURN TO FILES UPON ERROR ..... E DOUBLE DATA ENTRY ..... F OTHER ..... X SPECIFY _____																																																									

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
430	How often does this unit provide feedback on data quality to service units?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 WHEN NECESSARY/NOT REGULARLY 5 NEVER ..... 6				
431	Where do you store completed, recorded data forms/reports? Describe the storage situation.  CIRCLE ALL THAT APPLY	DESTROYED/SHREDDED ..... A THROWN AWAY ..... B FILE CABINET(S) ..... C BOXES ..... D FILE ROOM / MEDICAL RECORDS ..... E  OTHER _____ X SPECIFY				
432	Are completed forms stored in an inaccessible location where confidentiality is ensured?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 3				
433	Have forms ever been lost due to damage of some sort?  IF YES, Describe the damage.	YES ..... 1 DESCRIBE _____  NO ..... 2				
434	How often are results of analyzed data fed back to service units or the facility director for improving service provision?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 WHEN NECESSARY/NOT REGULARL. 5 NEVER ..... 6				
435	In your opinion, are the data ever used to improve service provision?	YES ..... 1 NO ..... 2				
436	Do you have a copy machine?	YES ..... 1 NO ..... 2	→ 439			
437	Is the copy machine functioning today?	YES ..... 1 NO ..... 2				
438	Do you ever run out of supplies for the photocopy machine, such as paper or toner? IF YES, How frequently?	YES, AT LEAST ONCE PER MONTH ... 1 YES, AT LEAST ONCE EVERY THREE MONTHS ..... 2 YES, AT LEAST ONCE PER YEAR ... 3 NO ..... 4				
439	Do you have a computer?	YES ..... 1 NO ..... 2	→ 458			
440	What is the capacity of your hard drive?	GIGABYTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998				
441	How is the computer hardware maintained?	CONTRACT ..... 1 IN-HOUSE TECHNICIAN ..... 2 NOT MAINTAINED REGULARLY ..... 3 DON'T KNOW ..... 8				
442	Do you have a central database?	YES ..... 1 NO ..... 2	→ 447			
443	In what software is this database maintained?	_____				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
444	Do you back up your database? IF YES, how often?	YES, EVERYDAY ..... 1 YES, AT LEAST ONCE PER WEEK ... 2 YES, AT LEAST ONCE PER MONTH ... 3 LESS FREQUENTLY THAN ONCE PER MONTH ..... 4 NO, NOT BACKED UP ..... 5 DON'T KNOW ..... 8	→ 446 → 446
445	How is the database backed up? CIRCLE ALL THAT APPLY	FLOPPY DISK ..... A CD-ROM ..... B NETWORK ..... C TAPE ..... D OTHER _____ X SPECIFY DON'T KNOW ..... Z	
446	Is the database password protected?	YES ..... 1 NO ..... 2	
447	Is the computer used by the HMIS unit that has confidential information kept in a secure location?	YES ..... 1 NO ..... 2	
448	Is your computer on an internal network?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
449	Is your computer connected to an external network?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
450	Is there access with password protection? That is, can data be accessed from other service areas with the password?	YES, ACCESSED WITH PASSWORD ..... 1 YES, ACCESSED BUT NO PASSWORD ..... 2 NO, CANNOT BE ACCESSED ..... 3	→ 454
451	Can people enter data from other locations, such as service delivery units?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
452	Can people retrieve data from other locations? IF YES, can they retrieve confidential information such as HIV status?	YES, INCLUDING CONFIDENTIAL DATA ..... 1 YES, BUT NOT CONFIDENTIAL ..... 2 NO, CANNOT RETRIEVE DATA ..... 3	→ 454
453	Can people generate a report from other locations?	YES ..... 1 NO ..... 2	
454	Do you have data encryption?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
455	Do you have internet capabilities?	YES ..... 1 NO ..... 2	→ 457
456	Do you have security for internet, such as a fire wall? IF YES, What type of security?	YES ..... 1 SPECIFY _____ NO ..... 2 DON'T KNOW ..... 8	
457	Do you have the ability to transfer large files within the facility or outside the facility?	YES, INSIDE ONLY ..... 1 YES, OUTSIDE ONLY ..... 2 YES, BOTH INSIDE AND OUTSIDE ... 3 NO, CANNOT TRANSFER LARGE FILES. 4 DON'T KNOW ..... 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
458	WAS Q418 MARKED '1', '2', '3', OR '4' TO INDICATE REPORTS ARE REGULARLY SUBMITTED FOR SERVICEWS FOR PLHA?	YES ..... 1 NO ..... 2	→ 461
459	Have you ever received feedback regarding the quality of the data you submit?  CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY) NO FEEDBACK ..... Y NO RECORDS SENT ..... Z	→ 461
460	In your opinion, has anyone ever used the data you submit for policy/program changes or initiatives?  IF YES, Who has used the data?  CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY) NO, DATA NOT USED ..... Y	
461	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES ..... 1 NO ..... 2	
462	In the next 5 years, how many new HMIS staff do you think you will need?	NUMBER OF STAFF <input type="text"/> <input type="text"/>	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
463	RECORD THE TIME AT END OF INTERVIEW  <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

**SECTION E: LABORATORY AND OTHER DIAGNOSTICS**

<b>Code of facility:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		QRE <input type="checkbox"/> TYPE <input type="checkbox"/>	
<b>Interviewer Code:</b> <input type="text"/> <input type="text"/>			
500	INDICATE WHICH LABORATORY THE DATA IN THIS QUESTIONNAIRE REPRESENT	LAB IN FACILITY ..... 1 CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> AFFILIATED EXTERNAL LAB ..... 2 PRIVATE LAB, UNAFFILIATED ..... 3	
500a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ..... 96 (SPECIFY)	MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>	
<p align="center"><b>FIND THE PERSON IN CHARGE OF THE LABORATORY. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES IN THE LABORATORY</b></p>			
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about laboratory services related to HIV/AIDS care and support that are available today. We will ask to see some records of tests conducted. We are not interested in names of patients -- only numbers. We will not record your name so it cannot be linked with the information you give us.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>			
501	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
502	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	24 HOUR CLOCK	DAY    MONTH    YEAR	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
503	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and <b>present today.</b></p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.</p> <p>INDICATE WHETHER STAFF LIST WAS COMPLETED.</p>			<p>YES ..... 1</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p> <p>NO ..... 2</p>
Next, I would like to know about guidelines that are available in the laboratory area.					
504	<p>For each topic I mention, please tell me if you have any written guidelines relating to this topic in the laboratory area?</p> <p>IF YES: May I see the guidelines?</p>	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blood safety (16)	1	2	3	4
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers (4)	1	2	3	4
03	Universal precautions for healthcare workers (19)	1	2	3	4
04	Manual for laboratory technicians for TB screening	1		3	4
05	Standard operating procedures (SOPs) or guidelines for data collection and reporting (17)	1	2	3	4
505	<p>Does this laboratory conduct tests for HIV?</p> <p>IF YES, For which reasons are they conducted?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>CLIENT DIAGNOSIS ..... A</p> <p>BLOOD SCREENING ..... B</p> <p>SCREENING (VISA, INSURANCE, SCHOOL, EMPLOYMENT) ..... C</p> <p>NO HIV TESTS ..... Y</p>			→ 528
506	<p>Are there any written guidelines related to any of the topics I will ask, in the laboratory area?</p> <p>IF YES, ASK: May I see the guideline please?</p>	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Written guidelines on counseling for HIV testing (1)	1 → 04	2	3	4
02	Written guidelines on confidentiality and disclosure of HIV test results	1		3	4
03	Laboratory guidelines for HIV testing	1		3	4
04	Other guidelines relevant to HIV/AIDS or related services (SPECIFY) _____	1		3	4
507	Do you do HIV testing for clients <b>not</b> referred by another unit in this facility or another facility? That is, can someone get an HIV test here without a referral from a health care provider?	<p>YES ..... 1</p> <p>NO ..... 2</p>			
508	Is pre-test counseling for HIV testing done in this lab?	<p>YES ..... 1</p> <p>NO ..... 2</p>			→ VCT QRE

NO.	QUESTIONS	CODING CATEGORIES			GO TO			
509	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES .....	1		→ 513			
		NO .....	2					
510	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	(A) RECORD AVAILABLE AND OBSERVED		(B) NUMBERS FROM OBSERVED RECORDS				
		YES	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA		
		01	1 → 01b	2 ↘ 02 ↙	3 ↘ 02 ↙	<input type="text"/>	<input type="text"/>	
		02	1 → 02b	2 ↘ 03 ↙	3 ↘ 03 ↙	<input type="text"/>	<input type="text"/>	
		03	1 → 03b	2 ↘ 04 ↙	3 ↘ 04 ↙	<input type="text"/>	<input type="text"/>	
04	1 → 04b	2 ↘ 511 ↙	3 ↘ 511 ↙	<input type="text"/>	<input type="text"/>			
511	IN Q510, WERE NUMBERS GIVEN FOR NUMBER OF CLIENTS OR NUMBER OF TESTS DONE?	CLIENTS .....	1					
		TESTS .....	2					
512	CHECK Q510 (03) and (04). IS RESPONSE '1' MARKED FOR EITHER QUESTION?	YES .....	1		→ 514			
		NO .....	2					
513	Does the laboratory have any system for providing HIV test results directly to clients?  IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.	YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED .....	1		→ VCT QRE			
		YES, DOCUMENTATION REPORTED NOT SEEN .....	2		→ VCT QRE			
		YES, ORAL SYSTEM ONLY .....	3		→ VCT QRE			
		NO .....	4					
514	Is post-test counseling for HIV testing provided in this lab?	YES .....	1		→ VCT QRE			
		NO .....	2					
Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about.								
515	For the following HIV/AIDS related tests, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today. MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY.	ALL ITEMS FOR TEST			TEST NOT CONDUCTED THIS LAB	DON'T KNOW		
		AVAILABLE TODAY		NORMALLY AVAILABLE, NOT TODAY				
		HIV/AIDS RELATED TEST	OBSERVED		REPORTED, NOT SEEN			
		01	Rapid test for HIV	1	2	3	4	8
		02	ELISA (enzyme-linked immunosorbent assay) for HIV	1	2	3	4	8
03	CD4 count	1	2	3	4	8		
04	Western Blot test	1	2	3	4	8		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
516	Do you send blood outside the facility for CD4 count?	YES ..... 1 NO ..... 2	→ 519
517	Do you have a record with results of the CD4 counts conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ... 2 NO ..... 3	
518	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
519	For each of the following types of equipment, I would like to know if it is available in the laboratory and, if yes, whether it is functioning today	<b>a) IS THE ITEM AVAILABLE?</b>  OBSERVED REPORTED, NOT DON'T 1→ 01b 2→01b 3 AVAILABLE 8 KNOW 02 02	<b>b) IS THE ITEM IN WORKING ORDER?</b>  YES NO DON'T KNOW 1 2 8
01	Flowcytometer / Cytoflowmeter for CD4 counts	1→ 01b 2→01b 3 8 02 02	1 2 8
02	ELISA scanner / reader	1→ 02b 2→02b 3 8 525 525	1 2 8
520	Is there an established system for <b>external</b> quality control for the ELISA tests conducted by this laboratory?	YES ..... 1 NOT ROUTINE, BUT SOMETIMES 2 NO EXTERNAL QUALITY CONTROL 3	→ 522 → 525
521	Do you send blood samples elsewhere for retesting? IF YES, ASK: Is the system to send a blood sample after a certain number of ELISA tests?	YES, SAMPLE IS SENT EVERY NUMBER OF TESTS ... <input type="text"/> <input type="text"/> <input type="text"/> NO FIXED NUMBER ..... 995 NO, SAMPLE NOT SENT ELSEWHERE ..... 997	
522	Is there a record of the results from the quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ... 2 NO ..... 3	→ 525 → 525
523	What is the most recent date for a quality check test result or error rate?	WITHIN PAST ONE MONTH ..... 1 WITHIN PAST 2-6 MONTHS ..... 2 MORE THAN 6 MONTHS ..... 3 DATE NOT RECORDED ..... 4	
524	What is the most recent error rate that is recorded?	PERCENT ERROR RATE ..... <input type="text"/> <input type="text"/> NOT POSSIBLE TO DETERMINE ... 97 DON'T KNOW ..... 98	
525	Is there any other external system used for quality control of laboratory tests for HIV/AIDS?	YES ..... 1 _____ DESCRIBE NO ..... 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
526	Are there any fees charged for any services or items related to HIV/AIDS tests?	YES ..... 1 NO ..... 2	→ 528
527	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	(A) FEE YES NO N/A	(B) AMOUNT IN MAIN LOCAL CURRENCY
01	HIV test	1 → 01b 2 ↘ 3 ↘ 02 ↙ 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	CD4 test	1 → 02b 2 ↘ 3 ↘ 03 ↙ 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	Complete Blood Count	1 → 03b 2 ↘ 3 ↘ 04 ↙ 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	OTHER _____ (SPECIFY)	1 → 04b 2 ↘ 3 ↘ 528 ↙ 528 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
528	Do you ever send blood outside the facility for HIV testing?	YES ..... 1 NO ..... 2	→ 533
529	For which HIV test do you send blood outside?	ELISA ..... A WESTERN BLOT ..... B OTHER _____ X SPECIFY	
530	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 532
531	Does the register indicate if the client has received the results?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
532	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
533	CHECK Q505. IS 'A', 'B' OR 'C' CIRCLED, INDICATING THAT THIS LAB CONDUCTS HIV TESTS?	YES ..... 1 NO ..... 2	→ 549
534	Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases, whether done in this lab or by another lab?	YES ..... 1 NO ..... 2	→ 540
535	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 537

NO.	QUESTIONS	CODING CATEGORIES			GO TO
536	To whom are the reports sent?  CIRCLE ALL THAT APPLY	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)			
537	Do you use a standardized form for your reports?  ASK TO SEE A COMPLETED FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3			→ 540 → 540
538	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.	NEW HIV/AIDS CASES . . . . .	<input type="text"/>	<input type="text"/>	
539	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . .	<input type="text"/>	<input type="text"/>	
540	Do you record results by the clinic/unit ordering the HIV test or test results?  IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3			→ 542 → 542
541	Indicate if HIV test results are recorded separately for the following clinics/units:	YES	NO	NOT APPLICABLE	
01	VCT	1	2	3	
02	PMTCT with VCT	1	2	3	
03	Surveillance	1	2	3	
04	Blood bank or blood for transfusion	1	2	3	
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3	
06	Inpatient units, either by separate units or as total inpatient units	1	2	3	
07	By sero-status, irrespective of source	1	2	3	
542	How many providers have ordered HIV tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS DON'T KNOW . . . . . 98	<input type="text"/>	<input type="text"/>	→ 544
543	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . .	<input type="text"/>	<input type="text"/>	
544	How many providers have ordered CD4 counts for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS DON'T DO CD4 COUNTS . . . . . 97 DON'T KNOW . . . . . 98	<input type="text"/>	<input type="text"/>	→ 546 → 546
545	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . .	<input type="text"/>	<input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
546	Is blood for HIV/AIDS testing drawn in the laboratory area?	YES .....	1	NO .....	2	→ 549		
547	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3				
02	AUDITORY PRIVACY	1	2	3				
03	VISUAL PRIVACY	1	2	3				
04	RUNNING WATER	1 → 06	2	3				
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3				
06	SOAP	1	2	3				
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3				
08	SHARPS CONTAINER	1	2	3				
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3				
10	DISPOSABLE GLOVES-NON LATEX	1	2	3				
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3				
12	CONDOMS	1	2	3				
13	DISPOSABLE NEEDLES	1	2	3				
14	DISPOSABLE SYRINGES	1	2	3				
15	MASKS	1	2	3				
16	GOGGLES / GLASSES	1	2	3				
548	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES .....	1	NO .....	2			
549	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	<b>a) IS THE ITEM AVAILABLE?</b>				<b>b) IS THE ITEM IN WORKING ORDER?</b>		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Microscope	1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8
02	Refrigerator	1 → 02b	2 → 02b	3 03 ↙	8 03 ↙	1	2	8
03	Incubator	1 → 03b	2 → 03b	3 04 ↙	8 04 ↙	1	2	8
04	Test tubes	1	2	3	8			
05	Reaction wells / trays	1	2	3	8			
06	Glass slides and covers	1	2	3	8			
07	Autocytometer	1	2	3 → 550	8 → 550	1	2	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
<p>Now I want to ask you about different types of laboratory tests. For each type of test, please tell me if this laboratory is able to conduct the test, and if so, which test. For the tests that this laboratory conducts, also please tell me if all items to conduct the test are present and if it is functioning today.</p> <p>The first tests I want to know about are microbiology tests.</p>								
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
550	<b>MALARIA TESTS</b>	1			4 551 ↙			
01	Giemsa stain	1	2	3	4			
02	Leishman stain	1	2	3	4			
03	Field stain	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
551	<b>GONORRHEA TESTS</b>	1			4 552 ↙			
01	Chocolate agar (culture medium)	1	2	3	4			
02	PCR	1	2	3	4			
03	Other _____ (SPECIFY)	1	2	3	4			
552	<b>GRAM STAIN</b>	1			4 553 ↙			
01	Crystal violet	1	2	3	4			
02	Lugol's iodine	1	2	3	4			
03	Acetone	1	2	3	4			
04	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
553	<b>CHLAMYDIA TEST</b>	1			4 554 ↙			
01	Giemsa stain	1	2	3	4			
02	ELISA	1	2	3	4			
03	PCR	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
554	<b>TUBERCULOSIS TEST</b>	1			4 555 ↙			
01	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4			
02	New rapid test for TB	1	2	3	4			
03	Culture	1	2	3	4			
04	Other test for TB  _____ (SPECIFY)	1	2	3	4			
555	<b>OTHER TESTS</b>							
01	Urinalysis (Centrifuge for urine testing)	1 → 01b	2 → 01b	3 02 ↙	4 02 ↙	1	2	8
02	Indian ink stain	1	2	3	4			
03	Agar plate for cultures	1	2	3	4			
556	Does this laboratory ever send any specimens for initial culture outside the facility?	YES ..... 1 NO ..... 2						
557	CHECK Q554. DOES THIS FACILITY CONDUCT ANY TEST FOR TUBERCULOSIS?	YES ..... 1 NO ..... 2						→ 562
558	Does this laboratory record TB test results?  IF YES: May I please see the register?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3						→ 560 → 560
559	WHEN WAS THE LAST ENTRY IN THE REGISTER FOR TB TEST RESULTS?	WITHIN 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 7						
560	How many providers have ordered TB tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98						→ 562
561	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>						
562	Next, I want to know if PCR (polymerase chain reaction) tests for viral load are done at this laboratory.  IF YES, Are the items necessary for PCR available today?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 YES NORMALLY AVAILABLE BUT NOT TODAY ..... 3 TEST NOT CONDUCTED IN THIS LAB 4						→ 565
563	How many providers have ordered viral load tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98						→ 565
564	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>						

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
565	Do you send blood outside the facility for viral load testing?	YES .....	1	NO .....	2	→ 568		
566	Do you have a record with results of the viral load tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED .....	1	YES, REPORTED, NOT SEEN ...	2			
		NO .....	3					
567	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT .....	1	LAB TELLS CLIENT VERBALLY ONLY .....	2			
		LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT .....	3	OTHER _____	6			
		(SPECIFY)		DON'T KNOW .....	8			
The next set of tests I want to know about are serological tests.								
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
568	SYPHILIS TESTS	1			4 569 ↙			
01	VDRL (Venereal Disease Research Laboratory slide test)	1	2	3	4			
02	Rotator or shaker for VDRL	1 → 02b	2 → 02b	3 03 ↙	4 03 ↙	1	2	8
03	Reactive protein reagent test (RPR)	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
569	Pregnancy tests	1	2	3	4			
The next set of tests I want to know about are hematology tests.								
570	Hemocytometer or coulter counter for total lymphocyte count or full blood count.	1 → b	2 → b	3 571 ↙	4 571 ↙	1	2	8
571	FILTER: DOES THIS LAB HAVE A HEMOCYTOTEMETER?	YES .....	1	NO .....	2	→ 573		

NO.	QUESTIONS	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			GO TO
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW	
572	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)	1			4 573 ↙				
01	Hemoglobinometer	1 → 01b	2 → 01b	3 02 ↙	4 02 ↙	1	2	8	
02	Colorimeter or spectroscope	1 → 02b	2 → 02b	3 03 ↙	4 03 ↙	1	2	8	
03	Drabkin's solution (for colorimeter)	1	2	3	4				
04	Capillary tubes for hematocrit	1	2	3	4				
05	Centrifuge for hematocrit	1 → 05b	2 → 05b	3 06 ↙	4 06 ↙	1	2	8	
06	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4				
07	Other _____ (SPECIFY)	1	2	3	4				
573	Hemoglobin	1	2	3	4				
574	Platelet count	1	2	3	4				
575	White cell count	1	2	3	4				
576	Does this laboratory ever send any specimens outside the facility for hematology? (For example, hemoglobin, hematocrit, platelet count or white blood cell count.)	YES ..... 1 NO ..... 2							
577	Does this laboratory ever send blood outside the facility for total lymphocyte count?	YES ..... 1 NO ..... 2					→ 580		
578	Do you have a record with results of the total lymphocyte count conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ... 2 NO ..... 3							
579	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8							

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
The next set of tests I want to know about are chemistry tests								
580		<b>a) ARE ALL ITEMS FOR TEST AVAILABLE?</b>				<b>b) IS THE ITEM IN WORKING ORDER?</b>		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
	01	Serum creatinine	1	2	3	4		
	02	Serum glucose	1	2	3	4		
03	Liver function test	1	2	3	4			
581	Does this laboratory ever send any specimens outside the facility for serum creatinine or serum glucose tests?	YES .....		1	NO .....		2	
582	Does this laboratory ever send any specimens outside the facility for Liver Function Tests (LFT)	YES .....		1	NO .....		2	
<b>BLOOD TRANSFUSION AND SCREENING</b>								
583	Now I want to ask about screening of blood for blood transfusions. Does this laboratory screen blood for infectious diseases?	YES .....		1	NO .....		2	→ 585
584	Do you screen blood for any of the following diseases here? IF YES, ASK, Do you screen blood for this disease always, most of the time or rarely?	ALWAYS	MOST OF THE TIME	RARELY	NEVER			
01	Syphilis	1	2	3	4			
02	Hepatitis B	1	2	3	4			
03	Hepatitis C	1	2	3	4			
04	HIV	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES			GO TO
<b>PHLEBOTOMY SERVICES</b>					
585	Is blood drawn in the laboratory area?  IF YES, IS IT THE SAME AREA AS SEEN FOR Q547 OR A DIFFERENT ROOM?	YES, SAME AREA AS Q547 ..... 1 YES, DIFFERENT AREA ..... 2 NO BLOOD DRAWN ..... 3	→ 588  → 588		
586	ASK TO SEE WHERE BLOOD IS DRAWN FOR LABORATORY TESTS. CHECK THAT LOCATION AND INDICATE IF EACH ITEM INDICATED BELOW IS AVAILABLE IN THE TESTING AREA OR IMMEDIATELY ADJACENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
09	DISPOSABLE NEEDLES	1	2	3	
10	DISPOSABLE SYRINGES	1	2	3	
11	MASKS	1	2	3	
12	GOGGLES / GLASSES	1	2	3	
587	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2			

NO.	QUESTIONS	CODING CATEGORIES				GO TO
<b>POST EXPOSURE PROPHYLAXIS (PEP)</b>						
588	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ... 1				→ 590
		YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2				
		ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/>				
		YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3				
		NO PEP AVAILABLE ..... 4				→ 595
589	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED FACILITY AND RECEIVED PEP . 1				→ 594
		RECORD SHOWS REFERRAL ONLY 2				→ 594
		NO RECORD OF REFERRAL ..... 3				→ 594
590	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1				→ 595
		NO ..... 2				
591	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1				
		NO ..... 2				→ 595
592	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE ..... 1				
		YES, OBSERVED, INCOMPLETE ... 2				
		YES, REPORTED NOT SEEN ..... 3				
		NO ..... 4				
593	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1				
		YES, REPORTED, NOT SEEN ..... 2				
		NO ..... 3				
594	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1				
		YES, REPORTED, NOT SEEN ..... 2				
		NO ..... 3				
595	Does this facility have a pathology department or other location where examination of PAP smears or histology tests are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES ..... 1				
		NO ..... 2				→ 597
596	Do you have all items today, for performing the following tests?	<b>ARE ALL ITEMS FOR TEST AVAILABLE?</b>				
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW
		OBSERVED	REPORTED, NOT SEEN			
01	PAP smears	1	2	3	4	8
02	Histology	1	2	3	4	8
597	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE (V)CT Q508, Q513 & Q514		1	NOT APPLICABLE 2	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>						
598	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK				
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE						

**SECTION F: MEDICATION AND SUPPLIES**

<b>Code of facility:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="margin-left: 100px;">COUNTRY</span> <span style="margin-left: 50px;">DISTRICT</span> <span style="margin-left: 50px;">FACILITY</span>		QRE <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE
<b>Interviewer Code:</b> <input type="text"/> <input type="text"/>		
600	INDICATE WHICH PHARMACY THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/>
600a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>
<b>ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY</b>		
Now I will read a statement explaining this facility inventory and asking your consent to participate. My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.  Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about the availability of various pharmaceutical and other supplies available for HIV/AIDS related services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us.  The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.  Do you have any questions for me at this time?		
601	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2    → STOP
602	RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <span style="margin-left: 100px;">24 HOUR CLOCK</span>	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <span style="margin-left: 100px;">DAY    MONTH    YEAR</span>

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
<b>ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN ANOTHER AREA OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, AS IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS</b>							
603	GENERAL MEDICINES (ORAL IF NOT STATED)	a				b	
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
01	Acetaminophen/paracetamol/ panadol		2 → 01b	3 02	4 02	1	2
02	Acetylsilic acid/aspirin (oral)		2 → 02b	3 03	4 03	1	2
03	Acyclovir ophthalmic		2 → 03b	3 04	4 04	1	2
04	Acyclovir oral		2 → 04b	3 05	4 05	1	2
05	Albendazole oral		2 → 05b	3 06	4 06	1	2
06	Amoxicillin/ampicillin oral	1 → 06b	2 → 06b	3 07	4 07	1	2
07	Amoxicillin/clavulanate (Augmentin) oral		2 → 07b	3 08	4 08	1	2
08	Ampicillin, injectable	1 → 08b	2 → 08b	3 09	4 09	1	2
09	Amphotericin B injectable		2 → 09b	3 10	4 10	1	2
10	Azithromycin		2 → 10b	3 11	4 11	1	2
11	Bleomycin Injectable		2 → 11b	3 12	4 12	1	2
12	Ceftriaxone (Rocephin), injectable		2 → 12b	3 13	4 13	1	2
13	Clotrimazole topical preparations		2 → 13b	3 14	4 14	1	2
14	Clotrimazole vaginal suppositories		2 → 14b	3 15	4 15	1	2
15	Ciprofloxacin oral	1 → 15b	2 → 15b	3 16	4 16	1	2
16	Chloramphenicol oral	1 → 16b	2 → 16b	3 17	4 17	1	2
17	Chloramphenicol injectable	1 → 17b	2 → 17b	3 18	4 18	1	2
18	Codein oral		2 → 18b	3 19	4 19	1	2
19	Co-trimoxazole oral (Bactrim/Septra/Seprin)	1 → 19b	2 → 19b	3 20	4 20	1	2
20	Clarithromycin		2 → 20b	3 21	4 21	1	2
21	Clindamycin		2 → 21b	3 22	4 22	1	2
22	Cloxacillin		2 → 22b	3 23	4 23	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a			b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		AT LEAST ALL UNITS IN DATE	ONE UNIT IN DATE			YES	NO
23	Dapsone		2 → 23b	3 24 ↙	4 24 ↙	1	2
24	Dexamethasone		2 → 24b	3 25 ↙	4 25 ↙	1	2
25	Diazepam oral		2 → 25b	3 26 ↙	4 26 ↙	1	2
26	Diazepam, injectable		2 → 26b	3 27 ↙	4 27 ↙	1	2
27	Diclofenac (oral/injection)		2 → 27b	3 28 ↙	4 28 ↙	1	2
28	Dipyrrone injection		2 → 28b	3 29 ↙	4 29 ↙	1	2
29	Diphenoxylate		2 → 29b	3 30 ↙	4 30 ↙	1	2
30	Doxycycline	1 → 30b	2 → 30b	3 31 ↙	4 31 ↙	1	2
31	Erythromycin	1 → 31b	2 → 31b	3 32 ↙	4 32 ↙	1	2
32	Famciclovir		2 → 32b	3 33 ↙	4 33 ↙	1	2
33	Fluconazole		2 → 33b	3 34 ↙	4 34 ↙	1	2
34	Ganciclovir		2 → 34b	3 35 ↙	4 35 ↙	1	2
35	Gentamicin, injectable	1 → 35b	2 → 35b	3 36 ↙	4 36 ↙	1	2
36	Gentian Violet (GV paint)		2 → 36b	3 37 ↙	4 37 ↙	1	2
37	Ibuprofen/Motrin/Advil		2 → 37b	3 38 ↙	4 38 ↙	1	2
38	Indomethacin rectal suppository		2 → 38b	3 39 ↙	4 39 ↙	1	2
39	Iron tablets		2 → 39b	3 40 ↙	4 40 ↙	1	2
40	Itraconazole		2 → 40b	3 41 ↙	4 41 ↙	1	2
41	Ketoconazole, topical		2 → 41b	3 42 ↙	4 42 ↙	1	2
42	Loperamide		2 → 42b	3 43 ↙	4 43 ↙	1	2
43	Mebendazole oral		2 → 43b	3 44 ↙	4 44 ↙	1	2
44	Metronidazole oral/Flagyl	1 → 44b	2 → 44b	3 45 ↙	4 45 ↙	1	2
45	Miconazole vaginal suppositories or cream		2 → 45b	3 46 ↙	4 46 ↙	1	2
46	Morphine oral		2 → 46b	3 47 ↙	4 47 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
47	Multivitamins		2 → 47b	3 48 ↙	4 48 ↙	1	2
48	Nalidixic acid oral	1 → 48b	2 → 48b	3 49 ↙	4 49 ↙	1	2
49	Nitrofurantoin oral		2 → 49b	3 50 ↙	4 50 ↙	1	2
50	Nitrofurazone ointment		2 → 50b	3 51 ↙	4 51 ↙	1	2
51	Norfloxacin		2 → 51b	3 52 ↙	4 52 ↙	1	2
52	Nystatin oral/suspension		2 → 52b	3 53 ↙	4 53 ↙	1	2
53	Nystatin vaginal tablets		2 → 53b	3 54 ↙	4 54 ↙	1	2
54	Oral rehydration salts (ORS)		2 → 54b	3 55 ↙	4 55 ↙	1	2
55	Penicillin, Benzathine injectable	1 → 55b	2 → 55b	3 56 ↙	4 56 ↙	1	2
56	Penicillin Benzyl injectable	1 → 56b	2 → 56b	3 57 ↙	4 57 ↙	1	2
57	Penicillin, procaine, injectable	1 → 57b	2 → 57b	3 58 ↙	4 58 ↙	1	2
58	Phenobarbital/phenobarbitol		2 → 58b	3 59 ↙	4 59 ↙	1	2
59	Prednisolone (or other steroid) IF OTHER, SPECIFY _____		2 → 59b	3 60 ↙	4 60 ↙	1	2
60	Slucycytosine		2 → 60b	3 61 ↙	4 61 ↙	1	2
61	Sulfadiazine		2 → 61b	3 62 ↙	4 62 ↙	1	2
62	Tetracycline		2 → 62b	3 63 ↙	4 63 ↙	1	2
63	Tinidazole		2 → 63b	3 64 ↙	4 64 ↙	1	2
64	Valacyclovir		2 → 64b	3 65 ↙	4 65 ↙	1	2
65	Vincristine injectable		2 → 65b	3 66 ↙	4 66 ↙	1	2
66	Vitamin B6		2 → 66b	3 67 ↙	4 67 ↙	1	2
67	Any other B vitamins		2 → 67b	3 604 ↙	4 604 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
		a			b	
		OBSERVED	REPORTED	NOT	STOCK OUT	
	AT LEAST	AVAILABLE,	AVAILABLE	IN LAST		
	ONE UNIT	NOT SEEN		SIX MONTHS		
	IN DATE			YES	NO	
604	<b>ANTIMALARIALS</b>					
01	Amodiaquine	2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Coartem (ACT)	2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Chloroquine	2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Fansidar (Sulfadoxin+pyrimethamine)	2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Mefloquine	2 → 05b	3 06 ↙	4 06 ↙	1	2
06	Primaquine	2 → 06b	3 07 ↙	4 07 ↙	1	2
07	Quinine oral	2 → 07b	3 08 ↙	4 08 ↙	1	2
08	Quinine injectable	2 → 08b	3 09 ↙	4 09 ↙	1	2
09	Other _____ (SPECIFY)	2 → 09b	3 605 ↙	4 605 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
605	Where are medicines for TB (tuberculosis) kept?	PHARMACY ..... 1 KEPT IN TB UNIT ..... 2 NO TB MEDICINES IN FACILITY ... 3				→ 607	→ 607
606	<b>MEDICINES FOR TUBERCULOSIS</b>	a			b		
		OBSERVED	REPORTED	NOT	STOCK OUT		
		AT LEAST	AVAILABLE,	AVAILABLE	IN LAST		
		ONE UNIT	NOT SEEN		SIX MONTHS		
		IN DATE			YES	NO	
01	Amikacin	2 → 01b	3 02 ↙	4 02 ↙	1	2	
02	Capreomycin	2 → 02b	3 03 ↙	4 03 ↙	1	2	
03	Cycloserine	2 → 03b	3 04 ↙	4 04 ↙	1	2	
04	Ethambutol	2 → 04b	3 05 ↙	4 05 ↙	1	2	
05	Ethionamide	2 → 05b	3 06 ↙	4 06 ↙	1	2	
06	Gatifloxacin	2 → 06b	3 07 ↙	4 07 ↙	1	2	
07	Isoniazid (INH)	2 → 07b	3 08 ↙	4 08 ↙	1	2	
08	Levofloxacin	2 → 08b	3 09 ↙	4 09 ↙	1	2	
09	Moxifloxacin	2 → 09b	3 10 ↙	4 10 ↙	1	2	
10	p-Aminosalylic acid	2 → 10b	3 11 ↙	4 11 ↙	1	2	
11	Pyrazinamide	2 → 11b	3 12 ↙	4 12 ↙	1	2	
12	Rifabutin	2 → 12b	3 13 ↙	4 13 ↙	1	2	
13	Rifampin	2 → 13b	3 14 ↙	4 14 ↙	1	2	
14	Rifapentine	2 → 14b	3 15 ↙	4 15 ↙	1	2	
15	Streptomycin	2 → 15b	3 16 ↙	4 16 ↙	1	2	
16	Isoniazid + rifampin (Rifina)	2 → 16b	3 17 ↙	4 17 ↙	1	2	
17	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)	2 → 17b	3 18 ↙	4 18 ↙	1	2	
18	Isoniazid + ethambutol (EH)	2 → 18b	3 19 ↙	4 19 ↙	1	2	
19	Other _____ (SPECIFY)	2 → 19b	3 607 ↙	4 607 ↙	1	2	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a			b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	YES	NO				
607	<b>INTRAVENOUS SOLUTIONS</b>						
01	Normal Saline (0.9% NS)		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Dextrose and Normal Saline (D5NS)		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Dextrose in water (50%)		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Ringers Lactate	1 → 04b	2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Plasma Expander	1 → 05b	2 → 05b	3 608 ↙	4 608 ↙	1	2
608	<b>OTHER</b>						
01	Infant formula		1 → 01b	2 02 ↙	3 02 ↙	1	2
02	Fortified protein supplement / Ensure		1 → 02b	2 609 ↙	3 609 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES						
609	Does this facility stock any antiretroviral medicines?	YES .....	1	NO .....	2	→ 613		
610	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY.	OBSERVED		a		b		
		AT LEAST ALL UNITS IN DATE	ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS		
						YES	NO	
01	AZT + 3TC / Combivir		1 → 01b	2 02	3 02	1	2	
02	Zidovudine (ZDV, AZT)		1 → 02b	2 03	3 03	1	2	
03	Abacavir/ABC		1 → 03b	2 04	3 04	1	2	
04	Didanosine/ddI		1 → 04b	2 05	3 05	1	2	
05	Lamivudine/3TC		1 → 05b	2 06	3 06	1	2	
06	Stavudine/d4T		1 → 06b	2 07	3 07	1	2	
07	Tenofovir disoproxil fumarate [Viread]		1 → 07b	2 08	3 08	1	2	
08	Efavirenz (EFZ) / Stocrin / Sustiva		1 → 08b	2 09	3 09	1	2	
09	Nevirapine (NVP)		1 → 09b	2 10	3 10	1	2	
10	Indinavir / Crixivan		1 → 10b	2 11	3 11	1	2	
11	Kaletra / Lopinavir / Ritonavir		1 → 11b	2 12	3 12	1	2	
12	Nelfinavir / Viracept		1 → 12b	2 13	3 13	1	2	
13	Ritonavir / Norvir		1 → 13b	2 14	3 14	1	2	
14	Saquinavir / Invirase		1 → 14b	2 15	3 15	1	2	
15	Other _____ (SPECIFY)		1 → 15b	2 611	3 611	1	2	
611	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES .....	1	NO .....	2			
612	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES .....	1	NO .....	2			
613	Is there a register or stock cards where the amount of each medicine received and the amount disbursed is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED .....	1	YES, REPORTED, NOT SEEN ...	2	NO .....	3	→ 616
614	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q613.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES .....	1	REGISTER/STOCK CARDS UPDATED DAILY .....	2	OTHER _____	6	(SPECIFY)

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES		
615	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD, OR THE AMOUNT THAT CAN BE CALCULATED, MATCHES THE INVENTORY OBSERVED IN STORAGE. USE THE MOST UPDATED SOURCE.	YES	NO	MEDICINE NOT AVAILABLE
01	Amoxicillin/ampicillin oral	1	2	3
02	Ampicillin injectable	1	2	3
03	AZT + 3TC / Combivir	1	2	3
04	Ciprofloxacin oral	1	2	3
05	Co-trimoxazole oral	1	2	3
06	Erythromycin	1	2	3
07	Indinavir / Crixivan	1	2	3
08	Nevirapine (NVP)	1	2	3
09	Penicillin, Benzathine benzyl injectable / Septrin	1	2	3
616	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.			
01	ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
02	ARE THE MEDICINES PROTECTED FROM <u>DIRECT</u> SUNLIGHT OR FLOURESCENT LIGHTING?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
04	IS THE ROOM AIR CONDITIONED OR HAVE A COOLING SYSTEM?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
05	ARE THE MEDICINES OR IS THE PHARMACY AS A WHOLE KEPT LOCKED WHEN NO STAFF ARE PRESENT?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
617	When was the last time that you received a routine supply of medicines?	WITHIN PRIOR 4 WEEKS ..... 1 BETWEEN 4-12 WEEKS ..... 2 MORE THAN 12 WEEKS AGO ... 3 DON'T KNOW ..... 8		
618	Does this facility determine the quantity of each medicine required and order that, or is the quantity that you receive determined elsewhere, such as central supply?	DETERMINES OWN NEED AND ORDERS ..... 1 → 620 NEED DETERMINED ELSEWHERE ..... 2 DEPENDS ON MEDICINE ..... 3 → 620 DON'T KNOW ..... 8 → 624		
619	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL ..... 1 → 622 STANDARD FIXED SUPPLY ..... 2 → 622 DEPENDS ON MEDICINE ..... 3 → 622 DON'T KNOW ..... 8 → 622		

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
620	<p>Routinely, when you order medicines, which best describes the system you use to determine <u>how much</u> of each to order? Do you:</p> <p>Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount?</p> <p>Order exactly the same quantity each time, regardless of the existing stock?</p> <p>Review the amount of each medicine used since the previous order, and plan based on prior utilization and expected future activity?</p> <p>OTHER _____ (SPECIFY)</p> <p>DON'T KNOW .....</p>	<p>ORDER TO MAINTAIN FIXED STOCK ..... 1</p> <p>ORDER SAME AMOUNT ..... 2</p> <p>ORDER BASED ON UTILIZATION ..... 3</p> <p>OTHER ..... 6</p> <p>DON'T KNOW ..... 8</p>	
621	<p>Which of the following best describes the <u>routine</u> system for deciding <u>when</u> to order medicines? Do you:</p> <p>Place order whenever stock levels fall to a predetermined level?</p> <p>Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.</p> <p>Place an order whenever there is believed to be a need, regardless of stock level?</p> <p>OTHER _____ (SPECIFY)</p> <p>DON'T KNOW .....</p>	<p>PREDETERMINED LEVEL ..... 1</p> <p>FIXED TIME ..... 2 EVERY <input type="text"/> <input type="text"/> MONTH(S)</p> <p>ORDER WHEN NEEDED ..... 3</p> <p>OTHER ..... 6</p> <p>DON'T KNOW ..... 8</p>	
622	<p>If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility?</p> <p>Submit special order to normal supplier</p> <p>Submit special order to another country's drug service</p> <p>Facility purchases from private market</p> <p>Clients must purchase from outside the facility</p> <p>OTHER _____ (SPECIFY)</p> <p>DON'T KNOW .....</p>	<p>SPECIAL ORDER ..... 1</p> <p>FOREIGN DRUG SERVICE ..... 2</p> <p>FACILITY PURCHASE ..... 3</p> <p>CLIENT PURCHASE OUTSIDE ..... 4</p> <p>OTHER ..... 6</p> <p>DON'T KNOW ..... 8</p>	
623	<p>During the past 3 months, have you always, sometimes, or almost never received <u>the amount</u> of each medicine that you ordered (or that you are supposed to routinely receive)?</p>	<p>ALWAYS ..... 1</p> <p>SOMETIMES ..... 2</p> <p>ALMOST NEVER ..... 3</p>	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
624	I would like to see supplies that you have in stock. Please show me the following stock supply items if they area kept here.	a			b	
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
				YES	NO	
01	Condoms	1 → 01b	2 ↘ 02 ↙	3 ↘ 02 ↙	1	2
02	Disposable needles	1 → 02b	2 ↘ 03 ↙	3 ↘ 03 ↙	1	2
03	Disposable syringes	1 → 03b	2 ↘ 04 ↙	3 ↘ 04 ↙	1	2
04	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 → 04b	2 ↘ 05 ↙	3 ↘ 05 ↙	1	2
05	Hand-washing soap	1 → 05b	2 ↘ 625 ↙	3 ↘ 625 ↙	1	2
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>						
625	RECORD THE TIME AT END OF INTERVIEW		<div style="text-align: center;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>            24 HOUR CLOCK         </div>			
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE						

**SECTION G: TUBERCULOSIS TREATMENT**

<b>Code of facility:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COUNTRY    DISTRICT    FACILITY		QRE <input type="checkbox"/> TYPE <input checked="" type="checkbox"/>
<b>Interviewer Code:</b> <input type="text"/> <input type="text"/>		
700	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> NAME OF UNIT _____
700a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>
<b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT THE TB SERVICES IN THIS CLINIC/UNIT, AND IF RELEVANT, SPECIFICALLY TB SERVICES RELATED WITH HIV/AIDS SERVICES.</b>		
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about tuberculosis services provided here, including services for clients who you think are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>		
701	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2    → STOP
702	RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY                  MONTH                  YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
703	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS or TB, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and <b>present today</b>.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.</p> <p>YES ..... 1  NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/>  NO ..... 2</p>	
704	<p>Which services or units have referred patients for TB services to this clinic/unit in the last half year?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>GENERAL INPATIENT UNITS ..... A  GENERAL OPD CLINIC/UNIT ..... B  ANC CLINIC/UNIT ..... C  HIV/AIDS CLINIC/UNIT ..... D  OTHER CLINIC/UNIT THIS FACILITY ..... U  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/>  OTHER CLINIC/UNIT THIS FACILITY ..... V  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/>  OTHER CLINIC/UNIT THIS FACILITY ..... W  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/>  OTHER _____ X  (SPECIFY)  NONE ..... Y</p>	
705	<p>What method is used by providers in this clinic/unit for diagnosing TB?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SPUTUM SMEAR ONLY ..... A  X-RAY ONLY ..... B  EITHER SPUTUM OR X-RAY ..... C  BOTH SPUTUM AND X-RAY ..... D  MANTOUX OR SKIN PRICK (PPD) ..... E  CLINICAL SYMPTOMS ONLY ..... F  DIAGNOSED ELSEWHERE, THIS CLINIC PROVIDES FOLLOW-UP TREATMENT ONLY ..... G  OTHER _____ X  (SPECIFY)</p>	<p>→ 710  → 710  → 710  → 710  → 710  → 710</p>
706	<p>Does this clinic/unit have an agreement with a referral site for TB test results to be returned to the clinic/unit either directly or through the client?</p>	<p>YES ..... 1  NO ..... 2</p>	
707	<p>Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD</p>	<p>YES, OBSERVED ..... 1  YES, REPORTED, NOT SEEN ..... 2  NO RECORD ..... 3</p>	
708	<p>When you refer the client <b>to another facility</b> for TB diagnosis, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.</p>	<p>YES, OBSERVED ..... 1  YES, REPORTED, NOT SEEN ..... 2  NO ..... 3</p>	<p>→ 710  → 710</p>
709	<p>Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>PATIENT SENT WITH MEDICAL CHART/RECORD ..... A  CALL TO GIVE INFORMATION ON CLIENT ..... B  REFERRAL LETTER ..... C  OTHER _____ X  (SPECIFY)  NO METHOD USED ..... Y</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
710	Do you have any written guidelines for TB diagnosis and/or treatment? IF YES, ASK: May I see them?	OBSERVED COMPLETE    OBSERVED NOT COMPLETE    REPORTED, NOT SEEN    NOT AVAILABLE	
01	National guideline for diagnosis and treatment of TB (15)	1 → 711    2    3    4	
02	Other guideline for diagnosis and treatment of TB (15) _____ SPECIFY	1    2    3    4	
711	Is this facility included in the national DOTS program? (DIRECTLY OBSERVED TREATMENT STRATEGY)	YES ..... 1 NO ..... 2	
712	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FOLLOW UP 6M ... 1 DIRECT OBSERVE 6M ..... 2 NO DIRECT OBSERVED TREATMENT ..... 3 FOLLOW UP CLIENTS ONLY AFTER INTENSIVE TREATMENT PROVIDED ELSEWHERE ..... 4	→ 716 → 716
713	Who directly observes treatment during the first two months or until the client is sputum negative?  CIRCLE ALL THAT APPLY	HOSPITAL STAFF ..... A STAFF, IN FACILITY ..... B OUTREACH WORKER, BASED AT FACILITY ..... C COMMUNITY WORKER ..... D OTHER _____ X (SPECIFY)	
714	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 716 → 716
715	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES ..... 1 NO ..... 2 CANT DETERMINE ..... 7	
716	From where does this facility receive TB medications?  CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM ..... A DIRECT PURCHASE ..... B DONATIONS FROM NGOS ..... C OTHER _____ X (SPECIFY)	
717	Are TB medicines kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE HOW THEY ARE SUPPLIED.	YES, PREPACKAGED FOR CLIENTS ..... 1 YES, BULK JARS ..... 2 NO, MEDICINES IN PHARMACY ONLY ..... 3 NO MEDICINES IN FACILITY ..... 4	→ 719 → 722 → 722

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
718	ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT.	YES, ALL CLIENTS .....		1	→ 720		
		NO, SOME CLIENTS ONLY .....		2	→ 720		
		NO MEDICINES AVAILABLE .....		3	→ 720		
719	ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a				b	
		OBSERVED				STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	YES	NO
01	Amikacin		2 →01b	3 02 ↙	4 02 ↙	1	2
02	Capreomycin		2 →02b	3 03 ↙	4 03 ↙	1	2
03	Cycloserine		2 →03b	3 04 ↙	4 04 ↙	1	2
04	Ethambutol		2 →04b	3 05 ↙	4 05 ↙	1	2
05	Ethionamide		2 →05b	3 06 ↙	4 06 ↙	1	2
06	Gatifloxacin		2 →06b	3 07 ↙	4 07 ↙	1	2
07	Isoniazid (INH)		2 →07b	3 08 ↙	4 08 ↙	1	2
08	Levofloxacin		2 →08b	3 09 ↙	4 09 ↙	1	2
09	Moxifloxacin		2 →09b	3 10 ↙	4 10 ↙	1	2
10	p-Aminosalylic acid		2 →10b	3 11 ↙	4 11 ↙	1	2
11	Pyrazinamide		2 →11b	3 12 ↙	4 12 ↙	1	2
12	Rifabutin		2 →12b	3 13 ↙	4 13 ↙	1	2
13	Rifampin		2 →13b	3 14 ↙	4 14 ↙	1	2
14	Rifapentine		2 →14b	3 15 ↙	4 15 ↙	1	2
15	Streptomycin		2 →15b	3 16 ↙	4 16 ↙	1	2
16	Isoniazid + rifampin (Rifina)		2 →16b	3 17 ↙	4 17 ↙	1	2
17	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 →17b	3 18 ↙	4 18 ↙	1	2
18	Isoniazid + ethambutol (EH)		2 →18b	3 19 ↙	4 19 ↙	1	2
19	Other _____ (SPECIFY)		2 →19b	3 720 ↙	4 720 ↙	1	2

NO.	QUESTIONS	CODING CATEGORIES	GO TO
720	Are TB medicines also kept elsewhere in this facility, like in the pharmacy or central supplies?	YES ..... 1 NO ..... 2	
721	Do you take TB medicines from this unit to another unit in this facility or to another facility? CIRCLE ALL THAT APPLY	YES, ANOTHER UNIT, THIS FACILITY .. A YES, ANOTHER FACILITY ..... B NO ..... Y	
722	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment?  IF NO, INDICATE WHERE FOLLOW-UP OF TB CLIENTS IS CARRIED OUT.	YES, INTENSIVE TREATMENT ONLY ..... 1 YES, FULL TREATMENT ..... 2 NO, CLIENTS REFERRED TO INPATIENT UNIT ..... 3 NO, CLIENTS REFERRED TO HEALTH CENTER ..... 4 NO, CLIENTS REFERRED ELSEWHERE ..... 6 (SPECIFY) NO FOLLOW-UP AND NO REFERRAL . . . 7	
723	Now I want to know about your records. Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past 12 months?	YES ..... 1 NO ..... 2	→ 726
724	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST 12 MONTHS.	NUMBER OF CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
725	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>	
726	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
727	FILTER: CHECK Q722. WAS RESPONSE '3', '4', '6', OR '7'?	YES ..... 1 NO ..... 2	→ 733

NO.	QUESTIONS	CODING CATEGORIES	GO TO
728	Do you have a register or list of clients currently being followed by this unit for TB treatment? IF YES, May I see it?	YES, REGISTER OR LIST OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 732 → 733
729	INDICATE THE DATE THE MOST RECENT CLIENT BEGAN TB TREATMENT	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3	
730	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
731	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS ON TB TREATMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
732	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
733	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit) tested for HIV in this unit or referred somewhere else for testing or counseling about HIV/AIDS?  PROBE FOR WHETHER ROUTINE OR SUSPECT CASES	YES, ROUTINELY, TESTED IN UNIT ..... 1 YES, SUSPECT ONLY, IN UNIT ..... 2 YES, ROUTINELY REFERRED ..... 3 YES, SUSPECT ONLY, REFERRED ..... 4 NO ..... 5 DON'T KNOW ..... 8	→ VCT QRE & → 737 → VCT QRE & → 737 → 737 → 737
734	Do you have a register or list of new TB patients who were referred elsewhere for an HIV test or counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 737 → 737
735	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
736	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>	
737	Do you have a register or list of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 739 → 739
738	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF CLIENTS ON TB TREATMENT WITH HIV/AIDS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO									
739	<b>Other than TB services,</b> does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES ..... 1  NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 OTHER ..... 6 (SPECIFY)	→ OPD OR IPD QRE → 747									
740	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 742    → 747									
741	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY ..... 2 NO RECORD OF REFERRAL ..... 3	→ 746 → 746 → 746									
742	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 747									
743	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO ..... 2	→ 747									
744	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4										
745	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3										
746	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3										
747	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	<table border="0"> <tr> <td></td> <td>COMPLETE</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>(V)CT Q733</td> <td>1</td> <td>2</td> </tr> <tr> <td>OPD/IPD Q739</td> <td>1</td> <td>2</td> </tr> </table>		COMPLETE	NOT APPLICABLE	(V)CT Q733	1	2	OPD/IPD Q739	1	2	
	COMPLETE	NOT APPLICABLE										
(V)CT Q733	1	2										
OPD/IPD Q739	1	2										
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>												
748	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK											
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE												

**SECTION H: COUNSELING AND TESTING**

<b>Code of facility:</b> <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="2">COUNTRY</td></tr> </table> <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="2">DISTRICT</td></tr> </table> <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="4">FACILITY</td></tr> </table>						COUNTRY						DISTRICT										FACILITY				QRE <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">H</table> TYPE	
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800	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	NAME OF UNIT _____																								
800a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																									
<b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.</b>																											
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>																											
801	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP																								
802	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="2">24 HOUR CLOCK</td></tr> </table> : <table border="1" style="display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			24 HOUR CLOCK				DATE <table border="1" style="display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="2">DAY</td><td colspan="2">MONTH</td><td colspan="2">YEAR</td></tr> </table>							DAY		MONTH		YEAR							
24 HOUR CLOCK																											
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NO.	QUESTIONS	CODING CATEGORIES	GO TO																								
803	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p>	<p>YES ..... 1</p> <p>NUMBER OF <input type="text"/> <input type="text"/> STAFF LISTED</p> <p>NO ..... 2</p>																									
804	<p>Which services or units have referred patients for counseling and testing to this clinic/unit in the last 6 months?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL INPATIENT UNITS..... A</p> <p>GENERAL OPD CLINIC/UNIT..... B</p> <p>ANC CLINIC/UNIT ..... C</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS ..... D</p> <p>OTHER CLINIC/UNIT THIS FACILITY U</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY V</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NONE ..... Y</p>																									
805	How many days each week are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER WEEK ..... <input type="text"/>																									
806	How many days each week are testing services for HIV available in this clinic/unit?	DAYS PER WEEK ..... <input type="text"/>																									
807	When a client is referred for, or receives an HIV test, are they counseled here?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 809																								
808	<p>Is counseling provided routinely?</p> <p>IF YES, Is counseling always provided by a counselor who has received training?</p> <p>ASK ABOUT EACH TYPE OF COUNSELING.</p>	<table border="1"> <thead> <tr> <th></th> <th>COUNSELING ROUTINELY PROVIDED</th> <th>COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>04</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		COUNSELING ROUTINELY PROVIDED	COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8	04	1	2	3	8	
	COUNSELING ROUTINELY PROVIDED	COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW																								
01	1	2	3	8																							
02	1	2	3	8																							
03	1	2	3	8																							
04	1	2	3	8																							
01	Pretest counseling	1	2	3	8																						
02	Post-test for positive results	1	2	3	8																						
03	Post-test for negative results	1	2	3	8																						
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8																						

NO.	QUESTIONS	CODING CATEGORIES				GO TO
809	Do you have any written guidelines related to HIV test counseling?	YES .....	1			→ 811
		NO .....	2			
810	I am going to ask you about different guidelines related to HIV/AIDS. If you have the guidelines, may I see them?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on counseling for HIV testing (1)	1 →09	2	3	4	
02	Other guidelines on counseling for HIV testing (1)	1 →09	2	3	4	
03	Pretest counseling (subset of 1)	1	2	3	4	
04	Post test counseling for positive results (subset of 1)	1	2	3	4	
05	Post test counseling for negative results (subset of 1)	1	2	3	4	
06	Pretest and post-test counseling is routine (subset of 1)	1	2	3	4	
07	Policy on informed consent (subset of 1)	1	2	3	4	
08	Policy on confidentiality regarding disclosure of HIV status (subset of 1)	1	2	3	4	
09	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1		3	4	
10	HIV testing procedures	1		3	4	
811	How long have <b>counseling services</b> been offered from this clinic/unit?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.		YEARS	<input type="text"/>	<input type="text"/>	
			MONTHS	<input type="text"/>	<input type="text"/>	
812	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY .....	1			→ HW QRE
		YES, NOT PRESENT TODAY .....	2			→ 814
		NO .....	3			
813	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES .....	1			
		NO .....	2			
		DON'T KNOW .....	8			
814	Is pretest counseling done in groups or with individuals?	INDIVIDUAL ONLY .....	1			→ 817
		GROUP ONLY .....	2			→ 817
		INDIVIDUAL AND GROUP .....	3			
		NO PRETEST COUNSELING .....	4			
815	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD	YES, .....		<input type="text"/>	<input type="text"/>	→ 817
		NUMBER OF SESSIONS				
		NO .....	995			
816	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA .....		<input type="text"/>	<input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
817	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST) 1 YES ..... 2 NO ..... 3				→ 822  → 822
818	ASK TO SEE ANY RECORD OR REGISTER OF CLIENTS WHO RECEIVED ANY HIV TEST COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(A) RECORD AVAILABILITY			(B) NUMBERS FROM OBSERVED RECORDS	
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
	01	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 →01b	2 } 02←	3 } 02←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 →02b	2 } 819←	3 } 819←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
819	What is the most recent date recorded for either pre or post test counseling?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS ..... 2 NO DATE RECORDED ..... 3 NO REPORT SEEN ..... 4				
820	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES ..... 1 NO ..... 2				
821	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				
822	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1 OTHER ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 2 VISUAL PRIVACY ONLY ..... 3 NO PRIVACY ..... 4				
823	Are the sexual partners of people testing positive for HIV contacted?	YES, ROUTINELY ..... 1 YES, ONLY IF CONSENT FROM PATIENT GIVEN ..... 2 NO ..... 3				→ 825
824	Who contacts the partners of people testing positive for HIV?	STAFF FROM THIS UNIT ..... 1 STAFF FROM ANOTHER UNIT, THIS FACILITY ..... 2 STAFF FROM ANOTHER FACILITY ... 3 OTHER ..... 6 _____ (SPECIFY)				
825	Does this clinic/unit have any specific youth friendly services (YFS)?	YES ..... 1 NO ..... 2				→ 829
826	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, NOT COMPLETE .. 2 YES, REPORTED NOT SEEN ..... 3 NO ..... 4				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
827	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IF YES, IDENTIFY THE PROVIDER FOR HEALTH WORKER INTERVIEW.	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO ..... 3	
828	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM ..... A DISCOUNT FEES ..... B NO FEES ..... C OTHER _____ X (SPECIFY)	
829	What is the age at which youth can receive services without parental consent?	AGE IN YEARS <input type="text"/> <input type="text"/>	
830	Is an HIV test conducted or is blood for an HIV test drawn in this clinic/unit?  CIRCLE THE RESPONSE THAT BEST REFLECTS THE HIV TESTING PROCEDURE	YES, BLOOD DRAWN AND TEST CONDUCTED THIS CLINIC/UNIT ... 1 YES, BLOOD DRAWN, BUT TEST NOT CONDUCTED THIS CLINIC/UNIT 2 NO, CLIENT SENT TO LAB IN FACILITY 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB ..... 4 NO, CLIENT SENT TO EXTERNAL UNAFFILIATED LAB ..... 5 OTHER _____ 6 (SPECIFY)	→ 833 → 833 → 833 → 833
831	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED      REPORTED,      NOT NOT SEEN      AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04      2      3	
02	AUDITORY PRIVACY	1      2      3	
03	VISUAL PRIVACY	1      2      3	
04	RUNNING WATER	1 → 06      2      3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1      2      3	
06	SOAP	1      2      3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1      2      3	
08	SHARPS CONTAINER	1      2      3	
09	DISPOSABLE LATEX GLOVES	1 → 11      2      3	
10	DISPOSABLE NON-LATEX GLOVES	1      2      3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1      2      3	
12	CONDOMS	1      2      3	
13	RAPID TEST FOR HIV	1      2      3	
14	DISPOSABLE NEEDLES	1      2      3	
15	DISPOSABLE SYRINGES	1      2      3	
16	MASKS	1      2      3	
17	GOGGLES / GLASSES	1      2      3	
832	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
833	HAS INFORMATION ON THE LABORATORY WHERE THE HIV TEST IS CONDUCTED BEEN PREVIOUSLY COLLECTED (EITHER DURING OUTPATIENT OR OTHER INPATIENT DATA COLLECTION)?	YES .....	1		→ LAB QRE		
		NO .....	2				
		RAPID TEST ONLY, NO LAB .....	3				
		LAB OFFSITE .....	4				
834	How long have HIV testing services been offered from this clinic/unit?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS	<input type="text"/>	<input type="text"/>			
		MONTHS	<input type="text"/>	<input type="text"/>			
835	Are there any registers or records for the clients from this clinic/unit who received HIV tests? IF YES, ASK TO SEE ANY RECORDS FOR THE PAST 12 MONTHS, RELATED TO NUMBERS OF CLIENTS RECEIVING AN HIV TEST, TEST RESULTS, AND WHETHER THE CLIENT RECEIVED RESULTS OR NOT	YES, RECORDS KEPT IN THIS CLINIC/UNIT .....	1		→ 837 → 837 → 837 → 841		
		YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY .....	2	<input type="text"/>			
		ENTER CLINIC/UNIT NUMBER .....		<input type="text"/>			
		YES, RECORDS IN LAB .....	3				
		OTHER _____ (SPECIFY) .....	6				
		NO .....	7				
836	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	(a) RECORD AVAILABILITY		(b) NUMBERS FROM OBSERVED RECORDS			
		OBSERVED	REPORTED, NOT SEEN	NO VARIABLE IN RECORD	NUMBER OF CLIENTS	MONTHS OF DATA	
	01	TOTAL CLIENTS RECEIVING HIV TEST	1 →01b	2 <input type="text"/> <input type="text"/> 02 ←	3 <input type="text"/> <input type="text"/> 02 ←	<input type="text"/>	<input type="text"/>
	02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 →02b	2 <input type="text"/> <input type="text"/> 03 ←	3 <input type="text"/> <input type="text"/> 03 ←	<input type="text"/>	<input type="text"/>
	03	TOTAL CLIENTS AGE 15-24 YEARS	1 →03b	2 <input type="text"/> <input type="text"/> 04 ←	3 <input type="text"/> <input type="text"/> 04 ←	<input type="text"/>	<input type="text"/>
	04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 →04b	2 <input type="text"/> <input type="text"/> 05 ←	3 <input type="text"/> <input type="text"/> 05 ←	<input type="text"/>	<input type="text"/>
	05	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 →05b	2 <input type="text"/> <input type="text"/> 06 ←	3 <input type="text"/> <input type="text"/> 06 ←	<input type="text"/>	<input type="text"/>
	06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 →06b	2 <input type="text"/> <input type="text"/> 837 ←	3 <input type="text"/> <input type="text"/> 837 ←	<input type="text"/>	<input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
837	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS?	YES, FOR POS AND NEG RESULTS .... 1 YES, FOR POS RESULTS ONLY ..... 2 NO ..... 3	→ 841
838	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN .... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 840
839	To whom do you send these reports?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	
840	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
841	Is an individual client chart or record maintained for all HIV positive clients?  IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN .. 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD ..... 7	
842	<b>Other than (V)CT services,</b> does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS?  CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, OR SOCIAL SERVICES.	YES ..... 1  NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE & → 850

NO.	QUESTIONS	CODING CATEGORIES	GO TO									
843	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 845    → 850									
844	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY ..... 2 NO RECORD OF REFERRAL ..... 3	→ 849 → 849 → 849									
845	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 850									
846	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO ..... 2	→ 850									
847	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4										
848	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3										
849	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3										
850	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	<table border="0"> <tr> <td></td> <td>COMPLETE</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>LAB Q833</td> <td>1</td> <td>2</td> </tr> <tr> <td>OPD/IPD Q842</td> <td>1</td> <td>2</td> </tr> </table>		COMPLETE	NOT APPLICABLE	LAB Q833	1	2	OPD/IPD Q842	1	2	
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OPD/IPD Q842	1	2										
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>												
851	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK										
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE												

**SECTION I: ANTIRETROVIRAL THERAPY**

<b>Code of facility:</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		QRE <input type="checkbox"/> TYPE <input type="checkbox"/>
	COUNTRY	DISTRICT	FACILITY		
<b>Interviewer Code:</b>	<input type="text"/> <input type="text"/>				
900	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> NAME OF UNIT _____			
900a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>			
<b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.</b>					
Now I will read a statement explaining this facility inventory and asking your consent to participate.  My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.  Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.  The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.  Do you have any questions for me at this time?					
901	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP		
902	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	DATE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	24 HOUR CLOCK			DAY	MONTH YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
903	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.</p> <p>YES ..... 1  NUMBER OF STAFF LISTED <input type="text"/><input type="text"/>  NO ..... 2</p>	
904	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK ..... <input type="text"/>	
905	<p>How long have ART services been offered from this clinic/unit?</p> <p>IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.</p>	<p>YEARS <input type="text"/><input type="text"/></p> <p>MONTHS <input type="text"/><input type="text"/></p>	
906	<p>Which services or units have referred patients for ART to this clinic/unit in the last 6 months?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT ..... A  ANC CLINIC/UNIT ..... B  MATERNITY AND/OR LABOR AND DELIVERY CLINIC/UNIT ..... C  VCT OR CT CLINIC/UNITS ..... D  FAMILY PLANNING ..... E  RESPIRATORY (TB/PCP) ..... F  GENERAL INPATIENT UNITS ..... G  HIV/AIDS INPATIENT UNIT ..... H  OUTSIDE FACILITY/SITE ..... I  SURGERY ..... J  OTHER CLINIC/UNIT THIS FACILITY ..... U  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/><input type="text"/>  OTHER CLINIC/UNIT THIS FACILITY ..... V  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/><input type="text"/>  OTHER CLINIC/UNIT THIS FACILITY ..... W  ENTER CLINIC/UNIT NUMBER ..... <input type="text"/><input type="text"/>  OTHER _____ X  (SPECIFY)  NONE ..... Y</p>	
907	<p>Is there a person specifically assigned to be director of the ART program?</p> <p>IF YES, ASK: Is this person assigned to this clinic/unit?</p>	<p>YES, ASSIGNED THIS CLINIC/UNIT ..... 1  YES, ASSIGNED OTHER CLINIC/UNIT ... 2  NO ONE PERSON IN CHARGE OF ART ... 3</p>	→ 910
908	What is the qualification of this director?	<p>CONSULTANT ..... 1  MEDICAL DOCTOR ..... 2  NURSE ..... 3  OTHER _____ 6  (SPECIFY)</p>	
909	<p>Has this director of ART services received training in ART?</p> <p>IF YES, Did he or she attend any CHART or Johns Hopkins training?</p>	<p>YES, THROUGH CHART/JH ..... 1  YES, BUT NOT THROUGH CHART/JH ..... 2  NO ..... 3  DON'T KNOW ..... 8</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																																																									
910	<p>Which ARV drugs are prescribed in this clinic/unit?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>AFTER THE RESPONSE, READ THE NAME OF EACH DRUG TO VERIFY THAT THE DRUG IS NOT PRESCRIBED BY THE CLINIC/UNIT.</p>	AZT+3TC (COMBIVIR) ..... A ZIDOVUDINE (ZDV, AZT) ..... B ABACAVIR/ABC ..... C DIDANOSINE/ddI ..... D EFAVIRENZ /EFZ / STOCORIN ..... E LAMIVUDINE/3TC ..... F NEVIRAPINE/NVP ..... G TENOFOVIR DISOPROXIL FUMARATE (VIREAD) ..... H INDINAVIR (CRIXIVAN) ..... I KALETRA (LOPINAVIR / RIONAVIR) ..... J NELFINAVIR (VIRACEPT) ..... K RITONAVIR (NORVIR) ..... L SAQUINAVIR (INVIRASES) ..... M STAVUDINE/D4T ..... N OTHER _____ X SPECIFY _____																																																																																																										
911	<p>Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?</p>	KEPT IN THIS CLINIC/UNIT ..... 1 KEPT IN PHARMACY ..... 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3 OTHER _____ 6 (SPECIFY) _____																																																																																																										
912	<p>Now I want to know about any eligibility criteria used for placing clients on ART. For each stage of HIV/AIDS that I will describe &amp; each criteria I mention please indicate if a client at that stage is eligible for ART from this facility.</p> <p>READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY</p> <p>WHO stage 1 = NO SYMPTOMS OF ILLNESS            WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY            WHO STAGE 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL            WHO STAGE 4 = SOME SYMPTOMS, MOST OF TIME IN BED</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="6">ELIGIBILITY CRITERIA</th> </tr> <tr> <th>CLIENT NOT ELIGIBLE</th> <th>ROUTINE</th> <th>SOCIAL OR ADHERENCE</th> <th>CD4+ COUNT</th> <th>HIV VIRAL LOAD</th> <th>COMMITTEE</th> <th>DOCTOR OPINION</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>WHO stage 1 - No symptoms of illness</td> <td>A → 02</td> <td>B → 02</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>02</td> <td>WHO stage 1 - No symptoms and pregnant</td> <td>A → 03</td> <td>B → 03</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>03</td> <td>WHO stage 2 - Symptomatic</td> <td>A → 04</td> <td>B → 04</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>04</td> <td>WHO stage 2 - Symptomatic and pregnant</td> <td>A → 05</td> <td>B → 05</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>05</td> <td>WHO stage 3 - Symptomatic</td> <td>A → 06</td> <td>B → 06</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>06</td> <td>WHO stage 3 - Symptomatic and pregnant</td> <td>A → 07</td> <td>B → 07</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>07</td> <td>WHO stage 4 - Symptomatic</td> <td>A → 08</td> <td>B → 08</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>08</td> <td>WHO stage 4 - Symptomatic and pregnant</td> <td>A → 09</td> <td>B → 09</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>09</td> <td>Current active life-threatening OI disease (e.g., TB, meningitis)</td> <td>A → 10</td> <td>B → 10</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>10</td> <td>Newborn of HIV infected mother</td> <td>A → 913</td> <td>B → 913</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> </tbody> </table>			ELIGIBILITY CRITERIA						CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHERENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTEE	DOCTOR OPINION	01	WHO stage 1 - No symptoms of illness	A → 02	B → 02	C	D	E	F	G	02	WHO stage 1 - No symptoms and pregnant	A → 03	B → 03	C	D	E	F	G	03	WHO stage 2 - Symptomatic	A → 04	B → 04	C	D	E	F	G	04	WHO stage 2 - Symptomatic and pregnant	A → 05	B → 05	C	D	E	F	G	05	WHO stage 3 - Symptomatic	A → 06	B → 06	C	D	E	F	G	06	WHO stage 3 - Symptomatic and pregnant	A → 07	B → 07	C	D	E	F	G	07	WHO stage 4 - Symptomatic	A → 08	B → 08	C	D	E	F	G	08	WHO stage 4 - Symptomatic and pregnant	A → 09	B → 09	C	D	E	F	G	09	Current active life-threatening OI disease (e.g., TB, meningitis)	A → 10	B → 10	C	D	E	F	G	10	Newborn of HIV infected mother	A → 913	B → 913	C	D	E	F	G	
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913	<p>Are social or other criteria related to the client's personal situation considered prior to starting ART?</p> <p>IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>	Geographic criteria ..... A Proof of capacity to attend clinic regularly ..... B Disclosure to significant other (if applicable) ..... C No ART if social problem: Alcoholic ..... D Drug addict ..... E Mental illness ..... F Homeless ..... G OTHER _____ X (SPECIFY) _____ NO SOCIAL CRITERIA APPLIED ..... Y																																																																																																										

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
914	<p>Are adherence criteria considered prior to starting ART? IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>	<p>Consistent use of co-trimoxazole ..... A Required pre-ART clinic visits made on time ..... B Treatment assistant identified ..... C Pill trial (e.g. with placebos) ..... D OTHER _____ X (SPECIFY) NO ADHERENCE CRITERIA APPLIED Y</p>				
915	<p>Do any patients receiving ART in this clinic/unit live in another country?</p> <p>IF YES, About how many are currently under the care of this clinic/unit?</p> <p>IF YES, From which countries?</p>	<p>YES ..... 1</p> <p>NUMBER OF PATIENTS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>NO ..... 2 DON'T KNOW ..... 8</p> <p>(LIST COUNTRIES HERE) _____ _____ _____</p>				
916	<p>Is a <u>total lymphocyte count (TLC)</u> always done prior to starting ART? IF YES, What is the most common practice for conducting the test? READ EACH RESPONSE.</p>	<p>YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4</p>	→ 918			
917	<p>After the initial <u>TLC test</u>, do you retest for a follow-up level?</p>	<p>ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP ..... 7</p>				
918	<p>Is a <u>CD4 count</u> always determined prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.</p>	<p>YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4</p>	→ 920			
919	<p>After the initial <u>CD4 count</u>, do you retest for a follow-up level?</p>	<p>ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP ..... 7</p>				
920	<p>Is an <u>HIV RNA Viral load level</u> always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.</p>	<p>YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4</p>	→ 922			
921	<p>After the initial <u>HIV RNA Viral load level</u>, do you retest for a follow-up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?</p>	<p>ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP ..... 7</p>				

NO.	QUESTIONS	CODING CATEGORIES				GO TO
922	For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.	TEST CONDUCTED				
		ROUTINELY	SELECTIVELY	NEVER	DON'T KNOW	
01	Blood count/CBC	1	2	3	8	
02	Serum transaminases	1	2	3	8	
03	Pregnancy test for women	1	2	3	8	
04	Serum creatinine	1	2	3	8	
05	Urinalysis	1	2	3	8	
06	Liver function tests	1	2	3	8	
07	TB sputum test (Acid-fast-bacilli)	1	2	3	8	
08	Chest X-ray	1	2	3	8	
09	PPD (Mantoux or skin prick for TB)	1	2	3	8	
10	HTLV 1	1	2	3	8	
11	Hepatitis B and/or C	1	2	3	8	
12	Syphilis serology	1	2	3	8	
13	Toxoplasmosis	1	2	3	8	
14	Blood Sugar	1	2	3	8	
15	Any other tests _____ (SPECIFY)	1	2	3	8	
923	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OFFERED OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre-treatment medication counseling	1	2	3	8	
02	Follow-up counseling to discuss adherence to ART medicines	1	2	3	8	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others	1	2	3	8	
924	IF ANY ITEM IN Q923 IS CODED '1' OR '2', ASK: Who provides the counseling for ART medicines?  CIRCLE ALL THAT APPLY.  IF NONE OF THE RESPONSES IN Q923 ARE CODED '1' OR '2', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PROVIDER .....	A			
		NURSE .....	B			
		COUNSELOR .....	C			
		PHARMACIST .....	D			
		CLINICAL PSYCHOLOGIST .....	E			
		OTHER _____	X			
		(SPECIFY)				
		NO COUNSELING .....	Y			→ 928
925	In total, how many different people provide this counseling?	<input type="text"/> <input type="text"/> NUMBER OF PEOPLE DON'T KNOW ..... 98				
926	Have all of the people you just mentioned, who provide counseling for ART, been trained in counseling for adherence to ART?	YES, ALL .....	1			
		YES, SOME .....	2			→ 928
		NONE .....	3			→ 928
		DON'T KNOW .....	8			
927	How many counselors attended any CHART or Johns Hopkins training on adherence counseling?	<input type="text"/> <input type="text"/> NUMBER TRAINED BY CHART/JH DON'T KNOW ..... 98				
928	Are there any fees charged to the client for any services or items related to ART?	YES .....	1			
		NO .....	2			→ 930

NO.	QUESTIONS	CODING CATEGORIES			GO TO
929	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	(a) YES	FEE NO	NA	(b) AMOUNT IN MAIN LOCAL CURRENCY
01	Client card or chart	1 → 01b	2 02 ↙	3 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	Consultation service	1 → 02b	2 03 ↙	3 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	ARV medicine	1 → 03b	2 04 ↙	3 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FOR HOW MANY DAYS' SUPPLY? <input type="text"/> <input type="text"/> <input type="text"/>
04	CD4 count	1 → 04b	2 05 ↙	3 05 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	Viral load test	1 → 05b	2 06 ↙	3 06 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	OTHER _____ (SPECIFY)	1 → 06b	2 930 ↙	3 930 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
930	For each service mentioned, please show me any written guidelines that you have in the clinic/unit.	OBSERVED COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National Guidelines on counseling for HIV testing (1)	1 → 03	2	3	4
02	Other guidelines on counseling for HIV testing (1)	1	2	3	4
03	HIV testing protocol	1		3	4
04	National ART treatment guidelines - adults (9)	1 → 06	2	3	4
05	Other ART treatment guidelines - adults (9)	1	2	3	4
06	National ART treatment guidelines - children (9)	1 → 08	2	3	4
07	Other ART treatment guidelines - children (9)	1	2	3	4
08	Eligibility criteria for ART	1		3	4
09	Drug interactions	1		3	4
10	Detection of side-effects/toxicity	1		3	4
11	Referral criteria	1		3	4
12	Standard reporting system	1		3	4
13	Counseling for adherence to antiretroviral therapy	1		3	4
931	Where is information on patients receiving ART through this clinic/unit recorded?  CIRCLE ALL THAT APPLY.	<b>ONLY</b> INDIVIDUAL CLIENT CHART/RECORD AND/OR IN CENTRAL RECORDS . . . . . A → 933 UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT . . . . . B SPECIFIC REGISTER FOR HIV/AIDS CLIENTS KEPT IN UNIT . . . . . C INDIVIDUAL CLIENT CHART/RECORD . . . . . D REGISTER IN COMPUTER . . . . . E REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS . . . . . F SPECIFIC REGISTER FOR HIV/AIDS CLIENTS IN CENTRAL RECORDS . . . . . G OTHER _____ X (SPECIFY) NO RECORD MAINTAINED . . . . . Y → 933			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
932	ASK TO SEE THE REGISTER OR COMPUTER RECORDS, AND INDICATE THE DATE OF THE MOST RECENT TIME ART WAS PROVIDED.	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER/RECORDS NOT SEEN ..... 4	
933	How many clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	
934	How many <u>female</u> clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	
935	Among currently registered ART clients, how many regularly attend the clinic for follow-up? That is, how many have missed one or no appointments in the past 6 months?	NUMBER OF REGULAR ART CLIENTS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	
936	Among currently registered ART clients, how many are irregular in their treatment, that is, have missed 2 or more appointments in the past 6 months?	NUMBER OF IRREGULAR ART CLIENTS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	
937	During the past 12 months, how many ART clients have died?	NUMBER OF CLIENTS DIED ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	→ 939
938	INDICATE MONTHS OF DATA IN Q937	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>	
939	During the past 12 months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 0000 DON'T KNOW ..... 9998	→ 941
940	INDICATE MONTHS OF DATA IN Q 939	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>	
941	WAS THE INFORMATION IN Q933 TO Q940 OBTAINED FROM RECORDS OR PROVIDED BY THE RESPONDENT FROM MEMORY?	RECORDS ..... 1 RESPONDENT KNOWLEDGE/MEMORY ... 2	
942	Are reports regularly compiled on the numbers of clients receiving ART?	YES ..... 1 NO ..... 2	→ 946
943	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 945
944	To whom do you send these reports?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO		
945	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2			
946	Is an individual client chart or record maintained for all ART clients?  IF KEPT IN THIS CLINIC/UNIT, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN ... 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 ENTER CLINIC/UNIT NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD ..... 7			
947	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE SYSTEM	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 949		
948	Does the appointment system indicate if the client kept the appointment or not?	YES ..... 1 NO ..... 2			
949	Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVIDING FORTIFIED PROTEIN SUPPLEMENT (FPS). IF YES, ASK: Which of the following are routine components of the nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Nutritional counseling ..... A Teach early identification of deficiencies ..... B Provide vitamins ..... C Provide fortified protein supplement ..... D Provide other diet supplement ..... X _____ (SPECIFY) NO SERVICES ..... Y			
950	Does this facility have links with community based health workers? IF YES, ASK: What types of services do the community based workers provide?  CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS ..... A YES, CLIENT TREATMENT SUPPORT ... B YES, HOME CARE ..... C YES, TRACING IRREGULAR ATTENDEES D YES, OTHER _____ X (SPECIFY) NO ..... Y	→ 956		
951	When clients are referred to community based health workers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: What method do you use?  CIRCLE ALL THAT APPLY	YES, REFERRAL SLIP, OBSERVED ..... A YES, REFERRAL SLIP, NOT OBSERVED . B PATIENT SENT WITH MEDICAL CHART/RECORD ..... C CALL TO GIVE CLIENT INFORMATION ... D REFERRAL LETTER ..... E OTHER _____ X (SPECIFY) NO METHOD ..... Y NOT APPLICABLE / CBHW IN FACILITY Z			
952	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?  CIRCLE ALL THAT APPLY	YES, REFERRAL SLIP OBSERVED ..... A YES, REFERRAL SLIP NOT OBSERVED . B PATIENT SENT WITH MEDICAL CHART/RECORD ..... C CALL TO GIVE CLIENT INFORMATION ... D OTHER _____ X (SPECIFY) NO METHOD ..... Y NOT APPLICABLE / CBHW IN FACILITY Z			
953	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
954	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8	
955	When was the most recent training session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS ..... 1 WITHIN PAST 2-6 MONTHS ..... 2 WITHIN PAST 7-12 MONTHS ..... 3 MORE THAN 12 MONTHS AGO ..... 4 NO TRAINING ..... 5	
956	<b>Other than ART services,</b> does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS?  CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES ..... 1  NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> ..... 2  NO, CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE & → 964
957	Do staff in this clinic/unit have access to post-prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/> ..... 2 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 959  → 964
958	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY ..... 2 NO RECORD OF REFERRAL ..... 3	→ 963 → 963 → 963
959	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 964
960	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO ..... 2	→ 964
961	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, NOT COMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
962	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
963	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
964	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE NOT APPLICABLE OPD/IPD Q956 1 2	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
965	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK	<b>THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.</b>

**SECTION J: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES**

<b>Code of facility:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		QRE TYPE <input type="checkbox"/> J	
COUNTRY    DISTRICT    FACILITY			
<b>Interviewer Code:</b> <input type="text"/> <input type="text"/>			
1000	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/>	
		NAME OF UNIT _____	
1000a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)	MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>	
<p><b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES PROVIDED IN THIS UNIT. SOME INFORMATION MAY REQUIRE SPEAKING WITH ANC SERVICE PROVIDERS.</b></p>			
<p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>			
1001	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
1002	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	24 HOUR CLOCK	DAY    MONTH    YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1003	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p> <p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.</p>	<p>YES ..... 1</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p> <p>NO ..... 2</p>	
1004	<p>Which services or units have referred patients for PMTCT to this clinic/unit in the last 6 months?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT ..... A</p> <p>ANC CLINIC/UNIT ..... B</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS ..... C</p> <p>VCT OR CT CLINIC/UNITS ..... D</p> <p>FAMILY PLANNING ..... E</p> <p>GENERAL INPATIENT UNITS ..... F</p> <p>HIV/AIDS INPATIENT UNIT ..... G</p> <p>OUTSIDE FACILITY/SITE ..... H</p> <p>OTHER CLINIC/UNIT THIS FACILITY ..... U</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY ..... V</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY ..... W</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NONE ..... Y</p>	
1005	<p>How long have PMTCT services been offered from this clinic/unit?</p> <p>IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>MONTHS <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1006	For each service I will mention, please tell me if providers in this clinic/unit offer the service, refer the client elsewhere, or do not offer the service to pregnant women at all.					
	READ EACH SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL
		PROVIDE SERVICE IN THIS CLINIC/ UNIT	REFER TO OUTPATIENT UNIT THIS FACILITY	REFER TO INPATIENT UNIT THIS FACILITY		
01	HIV testing	1	2	3	4	5
02	Group pretest information or counseling	1	2	3	4	5
03	Individual HIV pretest information or counseling	1	2	3	4	5
04	Individual HIV post-test counseling	1	2	3	4	5
05	Couples counseling for women who are HIV positive	1	2	3	4	5
06	Counseling on infant feeding to HIV positive women	1	2	3	4	5
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4	5
08	Counseling on family planning	1	2	3	4	5
09	Family planning services	1	2	3	4	5
10	ART prophylaxis for woman	1	2	3	4	5
11	ART prophylaxis for newborn	1	2	3	4	5
12	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5
13	Follow-up counseling for HIV positive women	1	2	3	4	5
14	ART for HIV positive women	1	2	3	4	5
15	ART for family members of HIV positive women	1	2	3	4	5
16	Women-to-Women support groups	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1007	Do you have any written guidelines related to PMTCT or HIV test counseling?	YES, GUIDELINES AVAILABLE .....	1			→ 1009
		NO GUIDELINES AVAILABLE .....	2			
1008	ASK TO SEE EACH OF THE FOLLOWING GUIDELINES:	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on PMTCT (2)	1 → 03	2	3	4	
02	Other guidelines on PMTCT (2)	1	2	3	4	
03	ART prophylaxis for PMTCT	1		3	4	
04	National Guidelines on counseling for HIV testing (1)	1 → 11	2	3	4	
05	Other Guidelines on counseling for HIV testing (1)	1 → 11	2	3	4	
06	Pretest counseling (subset of 1)	1	2	3	4	
07	Post test counseling for positive results (subset of 1)	1	2	3	4	
08	Post test counseling for negative results (subset of 1)	1	2	3	4	
09	Pretest and posttest counseling is routine (subset of 1)	1	2	3	4	
10	Policy on informed consent (subset of 1)	1	2	3	4	
11	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4	
12	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1		3	4	
13	HIV testing procedures	1		3	4	
14	Youth Friendly Services (3)	1	2	3	4	
1009	FILTER: IS THIS AN INPATIENT CLINIC/UNIT?	YES .....	1			→ 1011
		NO .....	2			
1010	Does this unit ever provide PMTCT services for outpatient clients?	YES .....	1			→ 1076
		NO .....	2			
1011	CHECK Q1006 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN IN THIS CLINIC/UNIT.	YES .....	1			→ 1017
		NO .....	2			
1012	Now I want to ask some questions about HIV testing for ANC clients. What procedure is used for testing new ANC clients?  RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN .....	1			
		OFFERED TO ALL ANC CLIENTS AT FIRST VISIT .....	2			
		OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT FIRST VISIT BASED ON SOCIAL/MEDICAL HISTORY .....	3			
		OTHER _____ (SPECIFY)	6			
1013	How many days each week are HIV tests available in this clinic/unit for pregnant women?	DAYS PER WEEK .....	<input type="text"/>			
		DON'T KNOW .....	8			

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
1014	Where is the HIV test for ANC clients carried out?  PROBE FOR THE RESPONSE THAT REFLECTS THE MOST COMMON PRACTICE	<b>CLINIC/UNIT IN THIS FACILITY</b> RAPID TEST ONSITE IN CLINIC/UNIT ... 1 CLIENT SENT TO (V)CT CLINIC/UNIT ... 2 CLIENT SENT TO PMTCT-ONLY CLINIC/UNIT 3 CLIENT SENT TO OTHER CLINIC/UNIT . 4 ENTER CLINIC/ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> UNIT NUMBER BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB ..... 5 CLIENT SENT TO LAB ..... 6 <b>OUTSIDE FACILITY</b> VCT STAND-ALONE SITE ..... 7 (V)CT CLINIC/UNIT IN OTHER FACILITY . 8 PMTCT STAND-ALONE SITE ..... 9 PMTCT CLINIC/UNIT IN OTHER FACILITY . 10 OUTSIDE, AFFILIATED LABORATORY .... 11 OUTSIDE, UNAFFILIATED LABORATORY 12 DISTRICT OR REGIONAL HOSPITAL ... 13 OTHER _____ 96 (SPECIFY)					→ 1017 → 1017 → 1017 → 1017
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3			
02	AUDITORY PRIVACY	1	2	3			
03	VISUAL PRIVACY	1	2	3			
04	RUNNING WATER	1 → 06	2	3			
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3			
06	SOAP	1	2	3			
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3			
08	SHARPS CONTAINER	1	2	3			
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3			
10	DISPOSABLE NON-LATEX GLOVES	1	2	3			
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3			
12	CONDOMS	1	2	3			
13	RAPID TEST FOR HIV	1	2	3			
14	DISPOSABLE NEEDLES	1	2	3			
15	DISPOSABLE SYRINGES	1	2	3			
16	MASKS	1	2	3			
17	GOGGLES / GLASSES	1	2	3			
1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2					
1017	CHECK Q1006 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES ..... 1 NO ..... 2			→ 1022		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1018	When a client is referred for, or receives an HIV test, are they counseled here? IF YES, PROBE FOR EACH TYPE OF COUNSELING WHETHER IT IS PROVIDED ROUTINELY (TO ALL CLIENTS) AND IF THE COUNSELOR IS ALWAYS SOMEONE WHO IS TRAINED IN COUNSELING.	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW
		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR		
01	Pretest counseling	1	2	3	8
02	Post-test for positive results	1	2	3	8
03	Post-test for negative results	1	2	3	8
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8
1019	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY	1	→ HW QRE	
		YES, NOT PRESENT TODAY	2	→ 1021	
		NO	3		
1020	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES	1		
		NO	2		
		DON'T KNOW	8		
1021	ASK TO SEE THE ROOM WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED.  DESCRIBE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY	1		
		OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY	2		
		VISUAL PRIVACY ONLY	3		
		NO PRIVACY	4		
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES	1	→ 1026	
		NO	2		
1023	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE	1		
		YES, OBSERVED, NOT COMPLETE	2		
		YES, REPORTED NOT SEEN	3		
		NO	4		
1024	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IDENTIFY THE PROVIDER FOR HW INTERVIEW	YES, PRESENT TODAY	1		
		YES, NOT PRESENT TODAY	2		
		NO	3		
1025	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM	A		
		DISCOUNT FEES	B		
		NO FEES	C		
		OTHER _____ (SPECIFY)	X		
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS			<input type="text"/> <input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth?  TESTING MAY NOT OCCUR IF MOTHER DOES NOT CONSENT OR RETURN FOR A TEST. YOU ARE TRYING TO FIND OUT THE STANDARD PROCEDURE IN THAT CLINIC/UNIT.	YES, FOR ALL HIV POSITIVE WOMEN ..... 1 YES, FOR FACILITY DELIVERIES ONLY ..... 2 NO, ROUTINELY TESTED AT OTHER TIME ..... 3 RECORD YOUNGEST AGE <input type="text"/> <input type="text"/> AGE IN MONTHS ..... NO ..... 4	
1028	CHECK Q1006 (10) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR PREGNANT WOMEN	YES ..... 1 NO ..... 2	→ 1032
1029	Which antiretroviral medicines are used for ART prophylaxis for women in this clinic/unit?  CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) ..... A ZIDOVUDINE (ZDV,AZT) ..... B ABACAVIR / ABC ..... C DIDANOSINE / DDL ..... D EFAVIRENZ /EFZ / STOCORIN ..... E LAMIVUDINE/3TC ..... F NEVIRAPINE / NVP ..... G TENOFIVIR DISOPROXIL FUMARATE (VIREAD) ..... H INDINAVIR (CRIVIVAN) ..... I KALETRA (LOPINAVIR / RIONAVIR) ..... J NELFINAVIR (VIRACEPT) ..... K RITONAVIR (NORVIR) ..... L SAQUINAVIR (INVIRASES) ..... M STAVUDINE/D4T ..... N OTHER _____ X SPECIFY _____	
1030	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	KEPT IN THIS CLINIC/UNIT ..... 1 KEPT IN PHARMACY ..... 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3 OTHER _____ 6 (SPECIFY) _____	
1031	What is the practice for providing the ART prophylaxis to the HIV positive woman?  CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION DURING HOME DELIVERY ..... A PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY ..... B PROVIDE THROUGHOUT PREGNANCY, MULTIPLE TIMES ..... C OTHER _____ X (SPECIFY) _____	
1032	CHECK Q1006 (11) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR NEWBORNS	YES ..... 1 NO ..... 2	→ 1036
1033	What is the practice for providing the ART prophylaxis to the newborn of the HIV positive woman?  CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR ADMINISTRATION AFTER HOME DELIVERY ..... A PROVIDED AT MONTHS PREGNANCY ..... <input type="text"/> PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH ..... B OTHER _____ X (SPECIFY) _____	

NO.	QUESTIONS	CODING CATEGORIES			GO TO				
1034	Which antiretroviral medicines are used for ART prophylaxis for newborns in this clinic/unit?  CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) .....	A						
		ZIDOVUDINE (ZDV,AZT) .....	B						
		ABACAVIR/ABC .....	C						
		DIDANOSINE/DDI .....	D						
		EFAVIRENZ /EFZ / STOCORIN .....	E						
		LAMIVUDINE/3TC .....	F						
		NEVIRAPINE/NVP .....	G						
		TENOFOVIR DISOPROXIL FUMARATE (VIREAD) .....	H						
		INDINAVIR (CRIVAN) .....	I						
		KALETRA (LOPINAVIR / RIONAVIR) .....	J						
		NELFINAVIR (VIRACEPT) .....	K						
		RITONAVIR (NORVIR) .....	L						
		SAQUINAVIR (INVIRASES) .....	M						
		STAVUDINE/D4T .....	N						
		OTHER _____	X						
		SPECIFY							
1035	At what age in days is the newborn administered the first dose of ARV medicine?	AGE IN DAYS		<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					
1036	Are there any fees charged for any services or items related to PMTCT services, including breast-milk substitutes.	YES .....	1		→ 1038				
		NO .....	2						
1037	For each of the following items, indicate if there is any routine fee to the client, and if yes, the amount	(a) FEE		(b) AMOUNT IN MAIN LOCAL CURRENCY					
		YES      NO      NA							
01	Fee for HIV test	1 → 01b      2 ↙      3 ↘ 02 ↙      02 ↘		<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>					
02	Fee for antiretroviral prophylaxis for mother	1 → 02b      2 ↙      3 ↘ 03 ↙      03 ↘		<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>					
03	Fee for antiretroviral prophylaxis for newborn	1 → 03b      2 ↙      3 ↘ 04 ↙      04 ↘		<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>					
04	Fee for breast-milk substitute / formula (PER MONTH SUPPLY)	1 → 04b      2 ↙      3 ↘ 05 ↙      05 ↘		<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>					
05	OTHER _____ (SPECIFY)	1 → 05b      2 ↙      1038 ↙		<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>					
1038	Does this clinic/unit provide any PMTCT services to residents of other countries? IF YES, Which services?  CIRCLE ALL THAT APPLY	HIV TESTING .....	A						
		PRE-TEST COUNSELING .....	B						
		POST-TEST COUNSLING .....	C						
		COUNSELING ON INFANT FEEDING .....	D						
		FAMILY PLANNING SERVICES .....	E						
		ARV PROPHYLAXIS FOR WOMEN .....	F						
		ARV PROPHYLAXIS FOR NEWBORN .....	G						
		DELIVERY FOR HIV POSITIVE WOMEN .....	H						
		BREAST MILK SUBSTITUTES FOR NEWBORNS OF HIV POSITIVE WOMEN .....	I						
		FOLLOW UP TESTING OF NEWBORN .....	J						
		ART FOR HIV POSITIVE WOMEN .....	K						
		OTHER _____	X						
		SPECIFY							
		NO SERVICES TO NON-RESIDENTS .....	Y		→ 1040				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1039	During the last month, have any residents of other countries received ARV prophylaxis to prevent HIV transmission to the newborn?  IF YES, How many?  IF YES, From which countries?	YES . . . . . 1 NUMBER OF PATIENTS <input type="text"/> <input type="text"/> <input type="text"/>  NO . . . . . 2 DONT KNOW . . . . . 8  (LIST COUNTRIES HERE) _____  _____  _____	
1040	Can I look at the ANC records, including those that provide information on any PMTCT counseling and testing services?		
	Are there records of first-visit ANC clients (admissions)? IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3	→ 1043 → 1043
1041	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS (OR ADMISSIONS) DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1042	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1041.	MONTHS OF DATA . . . . . <input type="text"/> <input type="text"/>	
1043	CHECK Q1006 (02) TO SEE IF GROUP PRE-TEST INFORMATION OR COUNSELING IS PROVIDED BY CLINIC/UNIT.	YES . . . . . 1 NO . . . . . 2	→ 1046
1044	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES, NUMBER OF SESSIONS . . . . . <input type="text"/> <input type="text"/> <input type="text"/>  NO . . . . . 995	→ 1046
1045	RECORD THE NUMBER OF MONTHS OF DATA AVAILABLE IN Q1044.	MONTHS OF DATA . . . . . <input type="text"/> <input type="text"/>	
1046	Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?	YES . . . . . 1 YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT . . . . . 2 NO . . . . . 3	→ 1051 → 1051

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1047	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
		1 → 01b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
		1 → 02b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
		1 → 03b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
		1 → 04b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
		1 → 05b	2 → 06	3 → 06	<input type="text"/>	<input type="text"/>
		1 → 06b	2 → 07	3 → 07	<input type="text"/>	<input type="text"/>
07	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → 07b	2 → 1048	3 → 1048	<input type="text"/>	<input type="text"/>
1048	IS THE INFORMATION IN Q1041 AND Q1047 FOR THE SAME GROUP OF WOMEN?	YES .....	NO .....	1 2		
1049	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS .....	MORE THAN 30 DAYS .....	NO DATE RECORDED .....	NO COUNSELING PROVIDED .....	1 2 3 4 → 1051
1050	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED .....	YES, REPORTED NOT SEEN .....	NO .....		1 2 3
1051	Is there any record of the HIV status of infants born to HIV positive women?	YES .....	NO RECORD .....	SEROSTATUS NOT ASSESSED .....		1 2 → 1055 3 → 1055
1052	ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF INFANTS	MONTHS OF DATA
		1 → 01b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
		1 → 02b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → 01b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
02	NUMBER OF INFANTS TESTED FOR HIV WHO WERE BORN TO HIV POSITIVE WOMEN	1 → 02b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	NUMBER OF HIV POSITIVE INFANTS	1 → 03b	2 → 1053	3 → 1053	<input type="text"/>	<input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1053	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1052 INCLUDE ONLY THOSE OF WOMEN WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.	INFANTS OF ALL HIV+ WOMEN ..... 1 INFANTS OF HIV+ WOMEN WHO DELIVER IN FACILITY ..... 2 DON'T KNOW ..... 8	
1054	ARE THE INFANTS IN Q1052 LINKED WITH THE HIV POSITIVE WOMEN IN Q1047 (06)?	YES ..... 1 NO ..... 2	
1055	Are any reports regularly compiled on the pregnant women in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, ASK TO SEE THEM. CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN  CIRCLE ALL THAT APPLY	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS ..... A YES, PREGNANT CLIENTS REPORTED SEPARATELY ..... B YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANT CLIENTS SPECIFIED ..... C YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANCY STATUS NOT SPECIFIED ..... D NO ..... Y	→ 1060
1056	Which statistics do you submit for pregnant women or infants?  CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING ..... A RECEIVING POST TEST COUNSELING ..... B TESTED FOR HIV ..... C INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV ..... D	
1057	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER ..... 5	→ 1059
1058	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	
1059	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
1060	CHECK Q 1006 (10) TO SEE IF ART PROPHYLAXIS FOR PMTCT IS OFFERED.	YES ..... 1 NO ..... 2	→ 1070
1061	Is there a record that indicates the HIV positive ANC clients who received ART prophylaxis for PMTCT during the past 12 months? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 1066 → 1066
1062	How many of the HIV positive ANC clients in Q1047 (06) have already delivered?	NUMBER HIV+ DELIVERED . . . . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 9998	→ 1066
1063	How many clients in Q1062 received ART prophylaxis before delivery?	NUMBER WOMEN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROPHYLAXIS DON'T KNOW ..... 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO				
1064	How many of the newborns of women in Q1062 were provided the ART prophylactic dose? IF ART IS PROVIDED FOR INFANT AND AND MOTHER TOGETHER AND RECORDED ONCE, THIS IS ACCEPTABLE FOR STATISTICS.	NUMBER NEWBORN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROPHYLAXIS DON'T KNOW ..... 9998					
1065	HOW MANY MONTHS OF DATA WERE USED IN Q1062, Q1063 AND Q1064?	MONTHS OF DATA <input type="text"/> <input type="text"/>					
1066	Do you submit reports on the HIV positive ANC clients who receive ART prophylaxis through this clinic?	YES ..... 1 NO ..... 2	→ 1070				
1067	How often do you submit these reports?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4					
1068	Where are reports on ANC clients receiving ART prophylaxis for HIV/AIDS through this clinic sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) _____					
1069	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2					
1070	Is there a register or record maintained for women receiving PMTCT services that specifies when they received a given service? COULD BE INDICATED BY WEEKS GESTATION OR DATE. IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS)	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 1072 → 1072				
1071	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER		(b) NUMBERS FROM OBSERVED RECORDS			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA	
	01	TOTAL <u>ANC CLIENTS</u> RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → 01b	2 → 02	3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	02	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → 02b	2 → 03	3 → 03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	03	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → 03b	2 → 04	3 → 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	04	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → 04b	2 → 05	3 → 05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → 05b	2 → 1072	3 → 1072	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1072	CHECK Q1006 (14) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.	YES ..... 1 NO ..... 2	→ 1074
1073	Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
1074	CHECK Q1006 (15) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO FAMILY OF HIV POSITIVE WOMEN	YES ..... 1 NO ..... 2	→ 1076
1075	Is there any record of the family members of HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
1076	Are deliveries conducted in this facility?	YES ..... 1 NO ..... 2	→ 1083
1077	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT. GO TO THIS LOCATION AND CONTINUE.	IN THIS CLINIC/UNIT ..... 1 DELIVERY/MATERNITY ..... 2	
1078	Is the HIV serostatus determined for all women who deliver in the facility, in order to establish appropriate care?  IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY ..... A CLIENT ANC RECORD ..... B TESTING, VOLUNTARY ..... C TESTING, OBLIGATORY ..... D OTHER ..... X SPECIFY SEROSTATUS NOT ASSESSED ..... Y	
1079	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER	(b) NUMBERS FROM OBSERVED RECORDS
		OBSERVED      REPORTED, NOT SEEN      NOT AVAIL	NUMBER OF CLIENTS      MONTHS OF DATA
		1 → 01b    2 → 02    3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		01    TOTAL DELIVERIES IN THE FACILITY	
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → 02b    2 → 03    3 → 03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → 03b    2 → 1080    3 → 1080	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1080	Are there any written guidelines for delivery of HIV positive women? IF YES, ASK: May I see them?	YES, OBSERVED .....	1		
		YES, REPORTED, NOT SEEN .....	2		
		NO .....	3		
1081	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV/AIDS?  DO NOT READ RESPONSES. CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY .....	A		
		MINIMIZE INSTRUMENT DELIVERY .....	B		
		HIBITANE VAGINAL CLEANSING .....	C		
		MINIMIZE VAGINAL EXAM .....	D		
		MINIMIZE ARTIFICIAL RUPTURE OF MEMBRANES .....	E		
		CAESAREAN SECTION .....	F		
		OTHER _____ (SPECIFY)	X		
		NONE .....	Y		
		DON'T KNOW .....	Z		
1082	ASK TO SEE THE DELIVERY ROOM AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
13	RAPID TEST FOR HIV	1	2	3	
14	DISPOSABLE NEEDLES	1	2	3	
15	DISPOSABLE SYRINGES	1	2	3	
16	EXAMINATION TABLE	1	2	3	
17	MASKS	1	2	3	
18	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1083	Do staff in this clinic/unit have access to post-prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT ..... 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE ..... 4	→ 1085      → 1090
1084	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY ..... 2 NO RECORD OF REFERRAL ..... 3	→ 1089 → 1089 → 1089
1085	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO ..... 2	→ 1090
1086	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO ..... 2	→ 1090
1087	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, NOT COMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
1088	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
1089	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
1090	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 HOUR CLOCK	
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

**HEALTH WORKER INTERVIEW**

<b>Code of facility:</b>	<input type="text"/> <input type="text"/> COUNTRY	<input type="text"/> <input type="text"/> DISTRICT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FACILITY	<b>Staff Listing Code:</b>	<input type="text"/> <input type="text"/>	QRE <input type="checkbox"/> TYPE
<b>Interviewer Code:</b>	.....			<b>Provider Code from Staff List:</b>	.....	
<b>DATE:</b>	<input type="text"/> <input type="text"/> DAY	<input type="text"/> <input type="text"/> MONTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<b>Provider Sex:</b>	(1=MALE; 2=FEMALE) .....	
				<b>Provider Status:</b>	(1=Assigned; 2=Seconded)	

CHECKED BY MONITOR/SUPERVISOR:

SIGNATURE \_\_\_\_\_ DATE   
DAY MONTH YEAR

**EXPLAIN TO THE HEALTH WORKER THAT HIS/HER NAME WAS PROVIDED AS A PERSON WHO PROVIDES SOME SERVICES RELATED TO HIV/AIDS TESTING, COUNSELING, OR CARE AND SUPPORT SERVICES FOR HIV/AIDS RELATED ILLNESSES. VALIDATE WITH THE HEALTH WORKER THAT HE/SHE DOES PROVIDE SOME SERVICES RELATED TO HIV/AIDS, AND THAT THESE SERVICES ARE A COMPONENT OF THEIR WORK FOR THIS FACILITY.**

Now I will read a statement explaining the interview and asking your consent for responding to survey questions.

My name is \_\_\_\_\_. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory and some staff are being asked to take part in an interview. Officials in the Ministry of Health have approved our visit to your facility. I will be asking you questions about the HIV/AIDS related care and support services that you provide and training you have received. I will also ask for your opinions about some aspects of HIV/AIDS. Your name will not be recorded on the paper where I record your answers. Instead, I will assign you an identification number that will be recorded so that your responses can never be associated with your name. The information you provide us will be shared with the Ministry of Health but will only be reported along with information provided from other clinicians in this country. The facility where you work or your position here will never be shared with your responses.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about \_\_\_ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→STOP
101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

**Education and Experience**

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	What year did you start working in this facility?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
103	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education did you complete in total?	YEARS ..... <input type="text"/> <input type="text"/>	
104	What is your current technical qualification?  MARK THE HIGHEST QUALIFICATION IF HAS MORE THAN ONE.	SPECIALIST/CONSULTANT PHYSICIAN .... 01 PHYSICIAN/MEDICAL DOCTOR ..... 02 MEDICAL OFFICER ..... 03 PHYSICIAN'S ASSISTANT/MEDEX ..... 04 NURSE-MIDWIFE ..... 05 NURSE ..... 06 MIDWIFE ..... 07 FAMILY NURSE PRACTITIONER ..... 08 NURSING ASSISTANT ..... 09 CLINIC AIDE ..... 10 PUBLIC HEALTH / COMMUNITY HEALTH NURSE .... 11 COMMUNITY HEALTH WORKER ..... 12 COMMUNITY HEALTH AIDE ..... 13 HEALTH VISITOR ..... 14 HEALTH EDUCATOR ..... 15 LAB TECHNICIAN/TECHNOLOGIST ..... 16 LAB ASSISTANT ..... 17 SOCIAL WORKER ..... 18 HIV/AIDS COUNSELOR ..... 19 OTHER COUNSELOR ..... 20 PSYCHOLOGIST ..... 21 OTHER ..... 96 _____ (SPECIFY)	
105	What year did you (or do you expect to) graduate with this qualification?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
106	How many years of study were required for this qualification (AFTER COMPLETING YOUR SECONDARY EDUCATION DESCRIBED IN Q103)?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS ..... <input type="text"/> <input type="text"/> MONTHS ..... <input type="text"/> <input type="text"/>	
107	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
108	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO	
109	Now I want to ask you about services you provide. In your position here do you ever provide any client services other than laboratory tests?	YES ..... 1	NO ..... 2			→ 132	
110	Do you personally provide diagnosis and/or treatment of STIs?	YES ..... 1	NO ..... 2				
111	Do you personally provide diagnosis and/or treatment of malaria?	YES ..... 1	NO ..... 2				
112	Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage utilization by adolescents and young people?	YES ..... 1	NO ..... 2				
113	What is the age at which youth can receive services here without parental consent?	AGE IN YEARS				<input type="text"/>	<input type="text"/>
114	Now I want to ask you about any pre-service or in-service training you have received during the past 3 years. Were any of the following topics were covered: ASK FOR EACH TOPIC	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING		
01	Universal precautions	1	2	3	4		
02	Other infection prevention	1	2	3	4		
03	Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3	4		
04	Family Planning	1	2	3	4		
05	Counseling and information sharing related to problems that affect adolescents and young people	1	2	3	4		
06	Diagnosis and treatment of problems that affect adolescents and young people	1	2	3	4		
07	Diagnosis and treatment of physical/sexual abuse in adolescents and young people	1	2	3	4		
08	Interaction and/or communication skills for working with adolescents and young people	1	2	3	4		
09	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS	1	2	3	4		
10	Syndromic approach to diagnosis and treatment of STIs	1	2	3	4		
11	Other diagnosis and treatment of STIs (other than HIV/AIDS)	1	2	3	4		
12	Diagnosis and treatment for malaria	1	2	3	4		
Now I want to ask about services you personally provide and any in-service or pre-service training related to specific health services							
<b>Maternal Health</b>							
115	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES ..... 1	NO ..... 2			→ 117	
116	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING		
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3	4		
02	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3	4		
03	Recommended delivery practices for women who might be infected with HIV/AIDS?	1	2	3	4		
117	In your current position at this facility, do you ever personally provide <b>delivery services</b> ? By that I mean conducting the actual deliveries of newborns.	YES ..... 1	NO ..... 2				

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO	
<b>Tuberculosis</b>					
118	In your current position at this facility, do you ever personally provide <b>tuberculosis services</b> or have you received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services.	YES .....	1	→ 120	
		NO .....	2		
119	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY (CIRCLE ALL THAT APPLY)
01	Clinical diagnosis of tuberculosis	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X  OTHER Y  DON'T KNOW Z
02	Sputum diagnosis for TB	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X  OTHER Y  DON'T KNOW Z
03	Prescribe treatment for TB	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X  OTHER Y  DON'T KNOW Z
04	Follow-up treatment for TB	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 05	CHART / JH A MOH B OTHER X  OTHER Y  DON'T KNOW Z
05	Direct Observation Treatment Strategy (DOTS)	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 120	CHART / JH A MOH B OTHER X  OTHER Y  DON'T KNOW Z
<b>HIV/AIDS</b>					
120	In your current position at this facility, do you personally provide any services related to <b>counselling for HIV testing or for other services</b> , or have you received training on such services?	YES .....	1	NO .....	2 → 122

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
121	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	HIV pre-test counselling	YES 1 NO 2 →c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →02	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
02	HIV post-test counselling	YES 1 NO 2 →c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →03	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
03	Follow-up counselling for HIV, after initial post-test counselling or emotional support	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →04	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
04	Contact tracing (contacting partners of people testing positive for HIV)	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →05	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
05	Ordering or prescribing HIV tests	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →06	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
06	Counseling for prevention of mother to child transmission (PMTCT)	YES 1 NO 2 →c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →07	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
07	Nutrition counseling for newborns of HIV infected women	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →08	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
		(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
08	Adherence counseling for ART	YES 1 NO 2 →c	<input type="checkbox"/> <input type="checkbox"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →09	CHART / JH MOH OTHER	A B X <hr/> Y <hr/> Z
09	Counseling or prescribing ARV for post-exposure prophylaxis	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →10	CHART / JH MOH OTHER	A B X <hr/> Y <hr/> Z
10	Education for patient and families on HIV care	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →11	CHART / JH MOH OTHER	A B X <hr/> Y <hr/> Z
11	Nutrition counseling to HIV/AIDS infected clients	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →12	CHART / JH MOH OTHER	A B X <hr/> Y <hr/> Z
12	Primary prevention of HIV, such as behavior change, education, partner counseling, condom promotion and distribution	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 →122	CHART / JH MOH OTHER	A B X <hr/> Y <hr/> Z
122	In your current position at this facility, do you ever personally provide any <b>clinical services</b> for HIV/AIDS patients, or have you received training in the provision of such services?		YES ..... 1 NO ..... 2	→ 124		

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
123	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Clinical management of neurological disorders related to AIDS	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
02	Diagnosis of opportunistic infections	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
03	Management of opportunistic infections	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
04	Prescribing ART	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 05	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
05	Medical follow-up for ART clients	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 06	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
06	Ordering or prescribing laboratory tests for monitoring ART	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 07	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
07	Nutritional rehabilitation for HIV/AIDS patients	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 08	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
08	Pediatric AIDS care	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 124	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
124	In your current position at this facility, do you ever personally provide any <b>preventive therapeutic interventions for HIV/AIDS patients</b> , or have you received training related to such services?	YES ..... 1 NO ..... 2				→ 126
125	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Preventive treatment for TB (INH or isoniazid)	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING ..... 4 → 02	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	
02	Preventive treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING ..... 4 → 03	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	YES 1 NO 2 → c	<input type="checkbox"/> <input type="checkbox"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING ..... 4 → 04	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	
04	Recommended delivery practices for women who may be HIV positive	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING ..... 4 → 05	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	
05	Ordering or prescribing post-exposure prophylaxis (PEP)	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING ..... 4 → 126	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	
126	In your current position at this facility, do you ever personally provide any services related to <b>care and support for HIV/AIDS patients</b> , or have you received training related to such services?	YES ..... 1 NO ..... 2				→ 128

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
127	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Nursing care for HIV/AIDS patients	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
02	Training caregivers and/or patients in HIV/AIDS care	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
04	Home-based services for people living with HIV/AIDS and their families	YES 1 NO 2 → c	<input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 05	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
05	Home-based support services (social work) for people living with HIV/AIDS and their families	YES 1 NO 2 → c	<input type="text"/>	YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 128	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z	
128	Do you provide any other service related to HIV/AIDS?			YES . . . . . 1 IF YES, SPECIFY _____ NO . . . . . 2		
129	IS HEALTH WORKER BEING INTERVIEWED AT A PRIVATE FACILITY?			YES . . . . . 1 NO . . . . . 2	→ 132	
130	Sometimes providers also work in private facilities or see see clients in a private practice. In addition to your work at this facility, do you provide private services? IF YES, Do you provide any HIV/AIDS related services privately?			YES, INCLUDING HIV/AIDS SERVICES . . . . . 1 YES, NO HIV/AIDS SERVICES 2 NO PRIVATE SERVICES . . . . 3	→ 132 → 132	

NO.	QUESTIONS	CODING CLASSIFICATION		(b)	GO TO
131	For each service I mention, please tell me if you provide that service privately. <b>IF YES FOR THE INDICATED SERVICES ASK:</b> How long have you been providing this service privately? IF LESS THAN ONE YEAR WRITE '00'. IF YES, To how many people have you provided this service in private practice in the last month?	(a) PROVIDES SERVICE		(c) LENGTH OF TIME PROVIDING SERVICE (YEARS)	NUMBER OF PATIENTS IN LAST MONTH
01	HIV testing	YES 1 NO 2 → 02			
02	Counselling around HIV testing	YES 1 NO 2 → 03			
03	Treatment of opportunistic infections for people with HIV/AIDS	YES 1 NO 2 → 04			
04	Prescribing ARVs for prevention of mother to child transmission	YES 1 NO 2 → 05			
05	Prescribing ARVs as treatment	YES 1 NO 2 → 06			
06	Home-based care for people with HIV/AIDS	YES 1 NO 2 → 07			
07	Pediatric AIDS care	YES 1 NO 2 → 132			
<b>Laboratory services</b>					
132	In your current position at this facility, do you ever personally provide any <b>laboratory services for TB or tests for HIV</b> , or have you received training for such services? READ LIST IN Q133 AS EXAMPLES.	YES ..... 1 NO ..... 2			→ 134

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO	
133	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY		
01	Sputum diagnosis of TB	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z		
02	HIV testing	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z		
03	Drawing blood for HIV tests	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z		
04	Laboratory tests for monitoring ART	YES 1 NO 2		YES, IN PAST 12 MOS .. 1 YES, IN PAST 2-3 YRS .. 2 YES, > 3 YRS AGO .. 3 NO TRAINING . . . . . 4 → 134	CHART / JH A MOH B OTHER X <hr/> OTHER Y <hr/> DON'T KNOW Z		
134	Did you receive training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?			YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING
01	Universal precautions			1	2	3	4
02	Other infection control			1	2	3	4
03	CD4 testing			1	2	3	4
04	Blood screening			1	2	3	4
05	Other _____ (SPECIFY)			1	2	3	4
135	Have you received any other formal in-service or pre-service training related to HIV/AIDS clinical care and/or support services during the past 3 years?			YES . . . . . 1 NO . . . . . 2			→ 137
136	IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING			YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS		
01	_____			1	2		
02	_____			1	2		

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
137	<p>Have you received any informal training on-the-job from a colleague for any of the types of services I mentioned previously?</p> <p>IF YES, Which services?</p> <p>READ LIST OF TYPES OF SERVICES AT RIGHT, IF NECESSARY</p> <p>CIRCLE ALL THAT APPLY</p>	<p>MATERNAL OR NEWBORN HEALTH ..... A</p> <p>TUBERCULOSIS SERVICES ..... B</p> <p>COUNSELING FOR HIV TESTING OR OTHER COUNSELING RELATED TO HIV/AIDS .. C</p> <p>CLINICAL SERVICES ..... D</p> <p>PREVENTIVE THERAPEUTIC INTERVENTIONS FOR HIV/AIDS PATIENTS ..... E</p> <p>CARE AND SUPPORT FOR HIV/AIDS PATIENTS ..... F</p> <p>LAB SERVICES FOR TB OR HIV TESTS ..... G</p> <p>OTHER _____ X</p> <p style="padding-left: 40px;">SPECIFY</p> <p>NO INFORMAL TRAINING ..... Y</p>	
<b>Personal working situation</b>			
Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS			
138	<p>What should you do if you got a needle stick injury?</p> <p>PROBE: ANYTHING ELSE?</p> <p>CIRCLE ALL THAT ARE MENTIONED.</p>	<p>SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE ..... A</p> <p>SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT ..... B</p> <p>WASH WITH SOAP AND WATER ..... C</p> <p>REPORT TO MANAGER ..... D</p> <p>GET AN HIV TEST IMMEDIATELY ..... E</p> <p>GET ANTIRETROVIRAL OR REFERRAL FOR ARVs ..... F</p> <p>OTHER _____ X</p> <p style="padding-left: 40px;">(SPECIFY)</p> <p>NOTHING ..... Y</p> <p>DON'T KNOW ..... Z</p>	
139	<p>If you had a choice, would you work with patients living with HIV/AIDS?</p>	<p>YES ..... 1</p> <p>DEPENDS ..... 2</p> <p>NO ..... 3</p> <p>DON'T KNOW ..... 8</p>	
Now I am going to read a series of statements. Please tell me if you strongly agree, agree, disagree or strongly disagree with each statement.			
140	<p>People who are infected with HIV should <b>not</b> be treated in the same place as other patients in order to protect other patients from infection.</p>	<p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>	
141	<p>People with HIV are generally to blame for getting infected.</p>	<p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>	
142	<p>Providing health services to people infected with HIV is a waste of resources since they will die soon anyway.</p>	<p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>	
143	<p>Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.</p>	<p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>	
144	<p>Health providers have a right to know the HIV status of all patients.</p>	<p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
145	Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.	STRONGLY AGREE ..... 1 AGREE ..... 2 DISAGREE ..... 3 STRONGLY DISAGREE ..... 4	
146	You avoid touching clients' clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.	STRONGLY AGREE ..... 1 AGREE ..... 2 DISAGREE ..... 3 STRONGLY DISAGREE ..... 4	
147	Who should be told the result of an HIV test performed at a health care facility?  CIRCLE ALL THAT APPLY	ONLY THE PATIENT ..... A THE PATIENT'S NUCLEAR FAMILY MEMBERS ..... B THE PATIENT'S EMPLOYER ..... C HEALTH CARE PROVIDERS ..... D OTHER _____ X SPECIFY NO ONE ..... Y	
148	I don't want to know the result, but have you ever had an HIV test?	YES ..... 1 NO ..... 2	→ 150
149	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF ..... 1 WAS OFFERED ..... 2 WAS REQUIRED ..... 3	
150	In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 10 with 0 being least and 10 being maximum.	CONDOM EFFECTIVENESS IN PREVENTING HIV INFECTION [ ] [ ] DON'T KNOW ..... 98	
151	Now I want to ask you a few more questions about your work in this facility.  In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ..... [ ] [ ]	
152	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS.  When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percentage of your time do you estimate this is?	AVERAGE WEEKLY PERCENTAGE OF WORK TIME ..... [ ] [ ] [ ]	
153	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility.  Do you receive technical supervision in your work?  IF YES, ASK: When was the most recent time?	YES, IN THE PAST 3 MONTHS ..... 1 YES, IN THE PAST 4-6 MONTHS ..... 2 YES, IN THE PAST 7-12 MONTHS ..... 3 YES, MORE THAN 12 MONTHS AGO ..... 4 NO ..... 5	→ 156 → 156 → 156
154	How many times in the past six months has your work been supervised?	NUMBER OF TIMES [ ] [ ]	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
155	The last time you were personally supervised, did your supervisor do any of the following:	YES	NO	DK	
01	Deliver supplies	DELIVERED SUPPLIES	1	2	8
02	Check your records or reports	CHECKED RECORD	1	2	8
03	Observe your work	OBSERVED	1	2	8
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK	1	2 07	8 07
05	Give you verbal feedback that you were doing you work well	VERBAL PRAISE	1	2	8
06	Provide any written comment that you were doing you work well	WRITTEN PRAISE	1	2	8
07	Provide updates on administrative or technical issues related to your work	UPDATES	1	2	8
08	Discuss problems you have encountered	DISCUSS	1	2	8
09	Anything else?	OTHER	1	2	<input type="checkbox"/>
		(SPECIFY)			
156	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED	1		
		YES, REPORTED, NOT SEEN	2		
		NO	3		
157	Are there any opportunities for promotion in your current job? PROMOTION IN TERMS OF POSITION, NOT ONLY SALARY	YES	1		
		DEPENDS / UNCERTAIN	2		
		NO	3		
158	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES	1		→ 160
		NO	2		
159	Which type of salary supplement do you receive?  CIRCLE ALL THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT	A		
		PERDIEM WHEN ATTENDING TRAINING	B		
		OTHER	X		
		(SPECIFY)			
160	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES	1		→ 162
		NO	2		
161	Describe any incentives that you have received.  CIRCLE ALL THAT APPLY.	UNIFORMS, BACKPACKS, CAPS ETC.	A		
		DISCOUNT MEDICINES, VOUCHERS, FREE TICKETS FOR CARE	B		
		TRAINING	C		
		FOOD RATION	D		
		OTHER	X		
		(SPECIFY)			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
162	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS?</p> <p>CIRCLE ONLY THREE ITEMS.</p> <p>IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.</p>	<p>MORE SUPPORT FROM SUPERVISOR . . . A  MORE KNOWLEDGE/TRAINING . . . . . B  MORE SUPPLIES/STOCK . . . . . C  BETTER QUALITY EQUIPMENT/  SUPPLIES . . . . . D  LESS WORKLOAD (i.e. MORE STAFF) . . . . E  BETTER WORKING HOURS . . . . . F  MORE INCENTIVES  (SALARY, PROMOTION, HOLIDAYS) . . . G  TRANSPORTATION FOR PATIENTS  WHO ARE REFERRED . . . . . H  PROVIDING ART . . . . . I  INCREASED SECURITY . . . . . J  BETTER FACILITY INFRASTRUCTURE . . . . K  MORE AUTONOMY/INDEPENDENCE . . . . L  EMOTIONAL SUPPORT FOR STAFF  (COUNSELING/GROUP SOCIAL  ACTIVITIES) . . . . . M  OTHER _____ W  (SPECIFY)  OTHER _____ X  (SPECIFY)</p>	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
163	<p>RECORD THE TIME AT  END OF INTERVIEW</p> <div style="text-align: center;"> <input type="text"/> : <input type="text"/>  24 HOUR CLOCK </div>		
Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential.			



