

# Republic of Trinidad and Tobago

*Tobago*

Caribbean Region

HIV and AIDS Service Provision

Assessment Survey 2006

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

MEASURE Evaluation

St. Georges University, Grenada

August 2007



**USAID**  
FROM THE AMERICAN PEOPLE





**TOBAGO  
CARRIBEAN REGION  
HIV AND AIDS  
SERVICE PROVISION ASSESSMENT SURVEY 2006**

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U.S. Agency for International Development (USAID)  
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 Centre
CARICOM	The Caribbean Community and Common Market
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CHART	Caribbean HIV/AIDS Regional Training Initiative
CIDA	Canadian International Development Agency
CIMT	Caribbean Indicators and Measurement Tools
CNS	Central Nervous System
CPT	Cotrimoxazole Preventive Treatment
CSME	CARICOM Single Market and Economy
CSS	Care and Support Services
CSW	Commercial Sex Workers
DOTS	Direct Observed Treatment Short-course strategy
ELISA	Enzyme-Linked Immuno-Sorbent Assay
FBO	Faith-Based Organization
FPS	Fortified Protein Supplementation
GFATM	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
GPS	Global Positioning System
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HAART	Highly Active Antiretroviral Therapy
HCS	Home-Based Care Services
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
HMIS	Health Management Information Systems
HSPA	HIV Service Provision Assessment
HSRP	Health Sector Reform Project
IADB	Inter-American Development Bank
INH	Isoniazid
IEC	Information, Education and Communication
IV	Intravenous
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NACC	National AIDS Coordinating Committee
NAP	National AIDS Program
NGO	Non-Governmental Organization
NHIS	National Health Insurance Plan
NHSP	National Health Service Plan
NSP	National Strategic Plan
NSU	National Surveillance Unit
OECS	Organization of Eastern Caribbean States
OIs	Opportunistic Infections
PAHO	Pan-American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
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
RHA	Regional Health Authority
RPR	Rapid Plasma Reagin (syphilis test)
SAM	Service Availability Mapping
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	UN General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFS	Youth-Friendly Services

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## EXECUTIVE SUMMARY

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The HIV and AIDS Service Provision Assessment (HSPA) was developed to assess the quality and capacity of HIV- and AIDS-related services in high prevalence 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 therapy (ART) and opportunistic infection (OI) treatment services, and a prevention strategy that reaches the vulnerable and at-risk populations. A solid record-keeping and reporting system is essential for monitoring and the surveillance of the epidemic and 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 results of the 2006 Tobago HSPA provide baseline information for decision-making on how and where to scale up or strengthen HIV- and AIDS-related services.

Focusing on the formal public health sector in Tobago, the HSPA findings provide information on both basic and advanced-level HIV and AIDS services and the availability of record-keeping 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 Tobago 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 nine public facilities in Tobago, including hospitals, health centers, laboratories and other health facilities. 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 (YFS).

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

### Region-specific findings

- ▶ Gaps exist in recent training in counseling and HIV-specific services.
- ▶ Seventy-five percent of health workers surveyed had a positive attitude towards PLHIV.

- ▶ Non-residents do not access Tobago for ART or PMTCT services.
- ▶ Of the nine facilities with an HIV testing system, six have at least one counselor of pre- and post-test counseling trained by Caribbean HIV and AIDS Regional Training Initiative (CHART).

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

- ▶ All of the public facilities surveyed have an HIV testing system
- ▶ Among facilities with an HIV testing system, 89 percent had at least one counselor trained in pre- and post-test counseling, yet none of the facilities met all of the requirements for a complete pre- and post-test counseling system.
- ▶ One facility with an HIV testing system met requirements for youth-friendly services and had at least one trained provider for YFS.
- ▶ Overall weakness in the availability of protocols and policies at sampled facilities for informed consent, pre- and post-test counseling content and confidentiality.
- ▶ Overall need for better record-keeping.

### Availability of basic care and support services

- ▶ Lack of directly observed treatment short course strategy (DOTS) in facilities offering tuberculosis (TB) services.
- ▶ No facilities that offer TB services met requirement for a complete system for diagnosis using sputum or X-ray.
- ▶ Lack of client register at sites offering TB treatment.
- ▶ All facilities surveyed provided sexually transmitted infection (STI) treatment services, and 54 percent of facilities surveyed had all STI medicines available in the facility.
- ▶ Nosocomial infection prevention is widely practiced in all public facilities.
- ▶ Seventy-nine percent of facilities that offer CSS offer treatment for OIs and palliative care for HIV and AIDS clients

### Availability of advance care and support services

- ▶ All facilities sampled offer PMTCT services, although only one out of the nine facilities surveyed provide the minimum package for PMTCT.
- ▶ Opportunity to increase ART provision; 19 percent of facilities offer ART.

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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.

- ▶ Lack of protocols and guidelines for care of children living with HIV and AIDS in facilities that offer CSS.
- ▶ All facilities that offer CSS had at least one provider trained in psychological counseling in last 3 years; opportunity to increase capacity in those facilities among providers treating AIDS among children
- ▶ Good capacity for lab investigation in facilities offering CSS although there is room for strengthening
- ▶ Opportunities to increase availability of PEP medicines in facilities
- ▶ Good system for routine reporting of voluntary counseling and testing (VCT).
- ▶ Lack of record-keeping systems in facilities that offer ART.
- ▶ Good infrastructure for in-patient HIV and AIDS services although there is an opportunity for expanding services in the treatment of TB, malaria and STIs.



# CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN TRINIDAD AND TOBAGO

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## 1.1 BACKGROUND

The Republic of Trinidad and Tobago is a two-island nation located between the Caribbean Sea and the North Atlantic Ocean. The 5,128 square-kilometer nation (slightly smaller than Delaware) has a population of more than 1 million people.<sup>2</sup> About 75 percent of the population lives in urban settings. It is estimated that by 2030, a little more than 84 percent of the nation's population will live in urban areas.<sup>3</sup> English is the official language of the nation, but Hindi is also spoken, because of the large population of people from Indian (South Asian) descent.<sup>4</sup>

## 1.2 HIV AND AIDS IN THE CARIBBEAN

According to a 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. There are approximately 350,000 to 590,000 people living with HIV (PLHIV) who call the region home.

Seventy-nine percent of PLHIV 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>

AIDS is now the leading cause of death among 15-to-45-year-olds in the Caribbean. The Caribbean Epidemiology Center (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 among males of the same age group. In the Caribbean, there are also subgroups or groups more vulnerable 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

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<sup>2</sup> Central Intelligence Agency (CIA). 2005. CIA World Factbook. Washington DC: Central Intelligence Agency. Available at <http://www.cia.gov/cia/publications/factbook/geos/td.html> (accessed October 13 2006).

<sup>3</sup> United Nations Department of Economic and Social Affairs, Population Division. 2004. Urban and Rural Areas. 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 October 13, 2006).

<sup>4</sup> CIA. 2005

<sup>5</sup> Caribbean Epidemiology Centre (CAREC). 2004. Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002. . Port of Spain, Trinidad: Caribbean Epidemiology Centre.



pregnant women and those with STIs. Intravenous drug users are also a risk group in the Caribbean; however, that population seems to be concentrated on certain islands.

### 1.3 HIV AND AIDS IN TRINIDAD AND TOBAGO

The United Nations Children’s Fund (UNICEF) estimates the HIV/AIDS prevalence rate to be 3.2 percent in Trinidad and Tobago.<sup>6</sup> From the first case of HIV diagnosed in 1983 through December 2005, a cumulative total of 15,940 HIV-positive cases, a total of 5,603 AIDS cases and 3,383 deaths due to AIDS were reported to the National Surveillance Unit of the Ministry of Health.<sup>7</sup> These numbers, however, may be underestimates of the actual number of cases and deaths. A 1997 evaluation of the surveillance system demonstrated that only 50 percent of the AIDS cases in Trinidad and Tobago had been reported in the surveillance system.<sup>8</sup>

The most heavily populated administrative districts of Trinidad and Tobago (St. George West, Central, and East) accounted for 46 percent of reported cases of HIV in 2005.<sup>9</sup> In addition, cases from other (unspecified) areas accounted for 32 percent of reported cases of HIV in 2005, which had increased from 19 percent in 2003. According to a 2006 HIV/AIDS report, this may be because of “patients desiring to seek care outside of their catchment area, persons seeking testing and treatment from other Caribbean islands, and migration from rural to urban areas.”<sup>10</sup>

The HIV epidemic in Trinidad and Tobago is largely fueled by heterosexual transmission. From 2003 to 2005, 92 percent of HIV/AIDS cases contracted HIV through heterosexual exposure.<sup>11</sup> AIDS cases among women have steadily increased since the epidemic began. In 1985, the male to female ratio was 6:1; in 1999 the male to female ratio among newly diagnosed cases was 1.3:1.<sup>12</sup> In 2005, 45 percent of cases were among women and 70 percent of new infections among 15-to-24-year-olds occurred in women.

In 2004, 95 percent of women attending antenatal clinics were tested for HIV and 10.2 percent of tested pregnant women had positive results<sup>13</sup>. All 104 health centres and six hospitals offer antenatal PMTCT services and in 2004, 71 percent of HIV-positive pregnant women had received a complete course of ARV to prevent mother-

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<sup>6</sup> United Nations Children’s Fund. At a glance: Trinidad and Tobago. Available at [http://www.unicef.org/infobycountry/trinidad\\_tobago\\_statistics.html](http://www.unicef.org/infobycountry/trinidad_tobago_statistics.html) (accessed October 13, 2006).

<sup>7</sup> United Nations General Assembly Special Session on HIV/AIDS (UNGASS). 2006. UNGASS 2006 HIV/AIDS Report: Republic of Trinidad and Tobago. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_trinidad\\_tobago\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_trinidad_tobago_en.pdf) (accessed October 13, 2006)

<sup>8</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). Trinidad and Tobago. Available at [http://www.unaids.org/en/Regions\\_Countries/Countries/trinidadandtobago.asp](http://www.unaids.org/en/Regions_Countries/Countries/trinidadandtobago.asp) (accessed October 13, 2006)

<sup>9</sup> UNGASS. 2006.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> UNAIDS. Trinidad and Tobago

<sup>13</sup> UNGASS. 2006.

to-child transmission. Despite this, there continued to be a high percentage (8.67 percent) of reported cases of infants born to HIV- infected mothers.<sup>14</sup>

Currently the major risk factors for HIV exposure are multiple partners, early initiation of sex, and substance abuse.<sup>15</sup> In addition, HIV is highly stigmatized in Trinidad and Tobago.<sup>16</sup> Stigma fuels misinformation about the disease, discrimination toward PLHIV, and the overall vulnerability of certain hard-to-reach populations—such as MSM—toward the disease.

Little behavioral HIV data existed for Trinidad and Tobago at the time this report was written. A 2000 Multiple Indicator Cluster Study (MICS) conducted by UNICEF, however, gives insights into the behaviors and attitudes of the female population toward HIV AIDS. According to the MICS, 54 percent of women knew that a condom can prevent HIV, 95 percent knew that a healthy-looking person can have HIV, and only 33 percent had a comprehensive knowledge of HIV.<sup>17</sup>

#### 1.4 SELECTED HEALTH AND DEMOGRAPHIC CHARACTERISTICS

The average life expectancy at birth in Trinidad and Tobago is 67 years for males and 73 years for women.<sup>18</sup> Infant mortality stands at 25 deaths/1,000 live births. Slightly more male infants die than do female infants, at approximately 27 deaths/1,000 live births for males and 23 deaths per 1,000 live births for females.<sup>19</sup> The leading reported causes of mortality among children less than 5 years of age were hypoxia, asphyxia and congenital anomalies.<sup>20</sup> Trinidad and Tobago is experiencing advanced demographic transition due to a decline in fertility rates and crude birth rates. In 2004, the total fertility rate was 1.77 children/woman; the birth rate was 12.75 births/1,000 population and the death rate was 9.02/1,000 population<sup>21</sup>. In 1992, 21 percent of the population lived below the poverty line, and currently the net migration rate is -11.07 migrants/1,000 population.<sup>22</sup>

<sup>14</sup> Ibid.

<sup>15</sup> United Nations Theme Group on HIV/AIDS in Trinidad and Tobago. 2005. United Nations Implementation Support Plan on HIV/AIDS: Trinidad and Tobago. Port of Spain: Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at [http://cfapp2.undp.org/dgo\\_rcar/documents/document\\_TRI\\_406044232.doc](http://cfapp2.undp.org/dgo_rcar/documents/document_TRI_406044232.doc) (accessed October 13, 2006).

<sup>16</sup> Ibid.

<sup>17</sup> United Nations Children's Fund (UNICEF). 2000. Multiple Indicator Cluster Survey. Available at <http://www.childinfo.org/MICS2/newreports/trinidad/trinidadtobago.PDF> (accessed October 13, 2006)

<sup>18</sup> . World Health Organization (WHO). Trinidad and Tobago. Available at <http://www.who.int/countries/tto/en/> (accessed October 13, 2006)

<sup>19</sup> CIA. 2005.

<sup>20</sup> . Pan American Health Organization (PAHO). 2002. Health Systems and Services Profile: Trinidad and Tobago. Available at <http://www.lachsr.org/documents/healthsystemprofileoftrinidadandtobago-EN.pdf> (accessed October 13, 2006).

<sup>21</sup> Pan American Health Organization (PAHO). Trinidad and Tobago. Available at [http://www.paho.org/English/DD/AIS/cp\\_780.htm](http://www.paho.org/English/DD/AIS/cp_780.htm) (accessed October 13, 2006).

<sup>22</sup> CIA. 2005.



From 1989 to 1998, the four leading causes of death by numbers of deaths were heart disease, diabetes mellitus, malignant neoplasm and AIDS.<sup>23</sup> Death rates during this same period were higher for men than they were for women. There is an 8.9 percent incidence of TB and 12 percent prevalence of TB in Trinidad and Tobago.<sup>24</sup> There is a 19 percent prevalence of HIV in TB patients. Trinidad and Tobago is a malaria-free nation since 1965.<sup>25</sup> The only significant vector-borne disease is dengue fever, with 2,289 cases in 2003. Sexually transmitted diseases decreased by 46 percent between 1991 and 2000. Syphilis incidence decreased from 50 to 30 per 100,000 and decreased from 194 to 48 per 100,000 for gonorrhoea.<sup>26</sup>

### 1.5 GENERAL ORGANIZATION OF THE HEALTH SYSTEM

This section provides the context in which to view the findings of the Trinidad and HIV and AIDS Service Provision Assessments. The main vehicle for health care in Trinidad and Tobago is the public health system, which includes 8 hospitals, 107 primary health care and community clinics, and other services.<sup>27</sup> There is a significant private sector, including hospitals, nursing homes, clinics, pharmacies, laboratories and diagnostic services.

The health system in Trinidad and Tobago was decentralized in 1994, with the Regional Health Authorities Act No. 5. This act led to the decentralization of the provision of health services from the Ministry of Health (MOH) to Regional Health Authorities (RHAs), which are “autonomous bodies that own and operate health facilities in their respective regions.”<sup>28</sup> Currently there are five RHAs: North West Regional Health Authority; North Central Regional Health Authority; South West Regional Health Authority; Eastern Regional Health Authority; and Tobago Regional Health Authority.

The Regional Health Authorities Act is part of a larger plan, the Health Sector Reform Project (HSRP), to reform the health sector. This project has been financed jointly by the Government of Trinidad and Tobago and the Inter-American Development Bank (IADB). The project was originally planned to be implemented from 1996 to 2003 but

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<sup>23</sup> PAHO. Trinidad and Tobago.

<sup>24</sup> World Health Organization (WHO). TB Country Profile: Trinidad and Tobago. Available at [http://www.who.int/GlobalAtlas/predefinedReports/TB/PDF\\_Files/TT\\_2004\\_Brief.pdf](http://www.who.int/GlobalAtlas/predefinedReports/TB/PDF_Files/TT_2004_Brief.pdf) (accessed October 13, 2006)

<sup>25</sup> PAHO. Trinidad and Tobago.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Trinidad and Tobago: Directorate of Health Policy, Research and Planning. Corporate Plan 2006-2009.

experienced a 3-year extension through 2006. The guidelines for the HSRP are outlined in the National Health Service Plan (NHSP), which was ratified by the Cabinet in 1994.<sup>29</sup> The objectives of the NHSP include<sup>30</sup>—

- ▶ Strengthening policy development, planning and implementation capacities within the health sector
- ▶ Separating the provision of services from financing and regulatory responsibilities
- ▶ Shifting public health expenditure and influencing a similar shift in private sector spending to high-priority health problems and effective solutions
- ▶ Establishing new administrative and employment structures that encourage accountability, increased autonomy, and appropriate incentives to improve productivity and efficiency
- ▶ Reducing preventable morbidity and mortality through promoting lifestyle change and other social interventions

These objectives are mainly achieved by repositioning the MOH as a decision-making body and regulating health service provision to RHAs through a comprehensive financing strategy.

## 1.6 ORGANIZATION OF HEALTH CARE SERVICES

One of the major components of the NHSP is a strong emphasis on primary health care services, which provide the support for the eight hospitals that exist in Trinidad and Tobago. The primary health care system includes the following four types of primary health care facilities:<sup>31</sup>

- ▶ District Health Facilities serve populations of 150,000 and less. They offer residents of the area and environs 24-hour accident and emergency service. Minor surgery is available.
- ▶ Enhanced Health Centres offer specialized health services such as audiology, ophthalmology and dentistry and operate 5 to 6 days a week.
- ▶ Health Centres serve populations of 24,000 and less. They are open 5 to 6 days a week and provide a full range of basic services and limited specialty services.

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<sup>29</sup> Trinidad and Tobago Ministry of Health: Health Sector Programme of Trinidad and Tobago: About the Health Sector Reform Programme. Available at <http://www.healthsectorreform.gov.tt/about.htm> (accessed October 16, 2006)

<sup>30</sup> PAHO. 2002. Health Systems and Services Profile: Trinidad and Tobago.

<sup>31</sup> Trinidad and Tobago Ministry of Health. Health Sector Reform Programme of Trinidad and Tobago



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- ▶ Outreach Centres are established in the less populated areas and provide limited services through visiting health professionals.

The above health facilities operate on a system whereby certain services are offered either within the facility, through other facilities by referral, or through mobile units that periodically visits the facilities to offer services.<sup>32</sup>

During the transition toward health sector reform, the MOH has continued to be responsible for a number of vertical services. These services include the following:<sup>33</sup>

- ▶ National Surveillance Unit
- ▶ Insect Vector Control Division
- ▶ Public Health Inspectorate
- ▶ Occupational Health Unit
- ▶ Nutrition and Metabolism Division
- ▶ Trinidad Public Health Laboratory
- ▶ Queen's Park Counseling Center and Clinic
- ▶ National Blood Transfusion Unit
- ▶ Veterinary Public Health Division
- ▶ Chemistry, Food and Drugs Division
- ▶ Pharmacy/Drug Inspectorate
- ▶ Health Education Division
- ▶ Dental Nurses Training School
- ▶ School of Advanced Nursing
- ▶ School of Nursing
- ▶ School of Midwifery
- ▶ Medical Library Services
- ▶ Hansen's Disease Control Programme
- ▶ National TB Control Programme
- ▶ National AIDS Programme
- ▶ Population Programme
- ▶ Expanded Programme on Immunization.

### 1.7 FUNDING OF THE HEALTH SECTOR

In 2003, the health budget accounted for 7 percent of the total government budget of Trinidad and Tobago. This share of the total government budget is approximately \$TT 10,000 or US\$1,754 per capita. The source of the health care fund is from tax revenues and user fees. From 1997 to 2001, the average total health expenditure per capita was

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<sup>32</sup> Notes from Tobago HSPA Stakeholder's Meeting, July 2007

<sup>33</sup> Government of the Republic of Trinidad and Tobago: Ministry of Health. Vertical Services. Available at <http://www.health.gov.tt/> (accessed October 16, 2006).

\$239, with 55 percent private expenditures and 45 percent government health expenditures<sup>34</sup>.

The HSRP is exploring alternative ways to finance the health sector outside of tax revenue. The government is piloting the implementation of a National Health Insurance Scheme (NHIS) in order to finance health care services in Trinidad and Tobago. The insurance plan will be funded through employers, employees and the government. One major goal of this insurance plan is to shift funding from hospitals to the primary care network articulated through a package of basic health care services. Other elements of the NHIS include “Agreed protocols and standards of care, peer review, systems to capture costs and outcomes in a manner supportive of decision taking, the provision of a unique identifier to each citizen; and user fees for some services are all elements which are germane to the successful implementation of an NHIS.”<sup>35</sup>

The MOH receives funding and technical assistance from a number of multi-lateral and bilateral agencies. These include Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP), the Pan-American Health Organization/World Health Organization (PAHO/WHO), the Inter-American Development Bank (IADB), the Canadian International Development Agency (CIDA), the Centers for Disease Control and Prevention (CDC) and the German International Development Agency (GTZ), which also contribute through CAREC.<sup>36</sup>

## 1.8 HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

Trinidad and Tobago are experiencing a health worker shortage, as many doctors and nurses migrate to other countries or prefer to work in large hospitals that offer specialized practice.<sup>37</sup> A major component of the HSRP is restructuring human resource management and development. One challenge facing the HSRP is transferring workers from the MOH-centered system to the Regional Health Authorities (RHAs). In 2002, many workers were still reporting to the MOH and considered themselves employed by the MOH and not the RHAs.<sup>38</sup> A number of incentives have been implemented to alleviate the situation, including creating a pension plan for RHA staff. This plan ensures a pension equal to or better than the previous MOH plan. It is the goal of the HSRP for RHAs to have responsibility for managing their own human resources within the parameters of the national health system.

Trinidad and Tobago currently has a number of training facilities for health care workers. The University of West Indies, St. Augustine, has a school of basic health sciences, medicine, dentistry, and a pharmacy program. The National Institute of Higher Education, Research and Technology operate a college of health science and a college of

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<sup>34</sup> PAHO. 2002. Health Systems and Services Profile: Trinidad and Tobago

<sup>35</sup> Trinidad and Tobago Ministry of Health. Health Sector Reform Programme of Trinidad and Tobago

<sup>36</sup> PAHO. 2002. Health Systems and Services Profile: Trinidad and Tobago

<sup>37</sup> Trinidad and Tobago Ministry of Health. Health Sector Reform Programme of Trinidad and Tobago

<sup>38</sup> PAHO. 2002. Health Systems and Services Profile: Trinidad and Tobago.



nursing. The Ministry of Health offers nurse training through a number of health facilities as well.

As a result of the HSRP, there has been a shift in training programs that prepare workers for the changing health system in Trinidad and Tobago. RHAs require a large base of workers trained in primary care practice. Programs have been developed that emphasize technical skills in primary and ambulatory care. An example of this is the Family Practice program at the Faculty of Medicine at University of West Indies, which began in 2000.<sup>39</sup>

### 1.9 NATIONAL RESPONSE TO HIV AND AIDS

The Ministry of Health National AIDS Programme (NAP) was established in 1986 through assistance of the WHO Global Program on AIDS. In 2003, the government of Trinidad and Tobago launched an expanded response to HIV and AIDS and shifted the responsibility of HIV and AIDS activities from the NAP to the National AIDS Coordinating Committee (NACC). The NACC reports directly to the Office of the Prime Minister and is comprised of stakeholders from PLHIV, business, youth, non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), Ministry of Health, Ministry of Legal Affairs, Ministry of Finance, Ministry of Education, Ministry of Planning and Development, and Tobago House of Assembly, Labor and Media. The NACC secretariat operates the Committee and is staffed by a Technical Director, a Deputy Technical Director, a Strategic Planning and Management Program Officer, a Monitoring and Evaluation Program Officer, an Information and Communication Management Officer, a Financial Manager, an Executive Administrative Officer, and other support staff.<sup>40</sup>

A national strategic plan for HIV and AIDS, Five-Year National HIV/AIDS Strategic Plan (NSP), was prepared in 2004 and runs through 2008. The two main goals of the strategic plan are to (1) reduce the incidence of HIV infections in Trinidad and Tobago and (2) mitigate the negative impact of HIV and AIDS on persons infected and affected.

The plan's five priority areas and objectives are as follows:<sup>41</sup>

- ▶ Prevention
  - ▶ Promote safe and healthy sexual behaviours among the general population
  - ▶ Promote healthy sexual attitudes, behaviour and practices among vulnerable/high-risk populations
  - ▶ Reduce the rate of mother-to-child transmission
  - ▶ Increase the population's knowledge of its serostatus

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<sup>39</sup> Ibid.

<sup>40</sup> Republic of Trinidad and Tobago: Office of the Prime Minister. 2003. *Five-Year National HIV/AIDS Strategic Plan: January 2004-December 2008*.

<sup>41</sup> Ibid.

- ▶ Reduce the probability of post-exposure infection
- ▶ Improve the management and control of conventional sexually transmitted infections (CSTIs)
- ▶ Treatment, Care and Support
  - ▶ Improve access to treatment and care for HIV and AIDS
  - ▶ Reduce the incidence of HIV and AIDS and tuberculosis co-infection
  - ▶ Create an environment that supports the infected and the affected
- ▶ Advocacy and Human Rights
  - ▶ Reduce stigma and discrimination against PLWHA
  - ▶ Ensure human rights for PLWHA and other groups affected by HIV and AIDS
- ▶ Surveillance and Research
  - ▶ Strengthen the surveillance systems for CSTIs/HIV/AIDS
  - ▶ Undertake and participate in effective clinical and behavioural research on HIV and AIDS and related issues
- ▶ Program Management, Coordination and Evaluation
  - ▶ Achieve national commitment, support and ownership of the expanded strategic response to HIV and AIDS
  - ▶ Monitor the implementation of the expanded response
  - ▶ Build capacity among critical stakeholders in the expanded national response

It is important to note the differences in coordinating bodies of HIV and AIDS activities between the islands of Trinidad and Tobago. The overall HIV coordinating body for Trinidad and Tobago is the National AIDS Coordinating Committee (NACC). However, the HIV and AIDS response for activities specific to Tobago is coordinated by the Tobago HIV/AIDS Coordinating Committee.<sup>42</sup> This committee has membership in the NACC and is the main implementing body for HIV and AIDS activities in Tobago.

There is a large network of VCT clinics, and many of these sites offer rapid testing.<sup>43</sup> The government offers a comprehensive PMTCT program through VCT at prenatal clinics and free ARVs for HIV-positive pregnant women. In fact, ARVs are offered free of charge to all PLHIV in Trinidad and Tobago.

As mentioned earlier, stigma is a huge challenge in Trinidad and Tobago, and high-risk groups, such as drug users, sex workers and MSM have been victims of discrimination. Currently, several steps are being taken to mitigate this problem. These steps include establishing an advocacy and human rights subcommittee, updating legislation to protect

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<sup>42</sup> National AIDS Coordinating Committee. Quarterly Report, April-June 2006.

<sup>43</sup> Ibid.



## CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN TRINIDAD AND TOBAGO

the rights of PLHIV, public awareness campaigns, and workplace initiatives.<sup>44</sup> In addition, a knowledge, attitudes, practices and behaviour (KAPB) study for sex workers and youth occurred in December 2006, to provide better information to the NACC on these groups.<sup>45</sup>

In August 2004, an IEC committee was formed to coordinate knowledge and behaviour change activities. There is a strong information, education and communication (IEC) campaign. A number of organizations are involved in this campaign, and the NACC has been successful in involving several local NGOs, line ministries, faith-based organizations and popular artists—especially Calypso and Soca artists—in this effort.<sup>46</sup>

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<sup>44</sup> UNGASS. 2006.

<sup>45</sup> National AIDS Coordinating Committee. Quarterly Report, April-June 2006.

<sup>46</sup> UNGASS. 2006.

## CHAPTER 2: SURVEY METHODOLOGY

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### 2.1 OVERVIEW

HIV and AIDS is a global problem with an estimated 39.4 million persons infected worldwide and 4.9 million newly infected in 2004 (UNAIDS 2004). According to UNAIDS data, the Caribbean is the second-most affected region in the world. Among adults age 15-49 years the HIV prevalence rate is estimated to be 2.3%. At the end of 2003, an estimated 440,000 people were living with HIV and AIDS in the Caribbean. Of these, 53,000 were newly infected during 2004. It is estimated that there were 36,000 deaths caused by AIDS that year (UNAIDS 2005).

In response to improved treatment options and commitment from donors and international health experts, a variety of initiatives are underway to expand the scope and quality of services for HIV and AIDS. The services needed for the prevention of HIV transmission and optimal treatment and support of HIV and AIDS-infected persons are multidimensional and include both clinical and community-based services. In the Eastern Caribbean region, there is a need for facility-level information regarding HIV and AIDS clinic-based services. With the recent investment of international assistance in AIDS care and support, filling the gaps in knowledge about clinical services and HIV testing will help facilitate the successful scaling up of services, including USAID's Caribbean Regional HIV/AIDS Program.

### 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

The Trinidad and Tobago HSPAs were commissioned by the USAID/Office of the Representative to Barbados, as part of the Caribbean regional HSPA, with technical assistance from Macro International Inc. under the MEASURE Evaluation Project.

Objectives of the study are as follows:

- ▶ 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



## CHAPTER 2: SURVEY METHODOLOGY

- ▶ 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.
- ▶ To map AIDS-related services in nine Eastern Caribbean countries.
  - ▶ To provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CIMT), which include CIMT/UNAIDS/WHO/Global Fund Care and Support Indicators such as—
    - ▶ 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, PEP, basic and advanced-level clinical services for HIV and AIDS (inpatient and outpatient), tuberculosis (TB), sexually transmitted infections (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 OF 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 (CSS) services 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, TB services, ART services and laboratory services), linkages to other HIV- and AIDS-related services for patients and their families (i.e., home-based care), the 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 comprises a different module for each area of 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 person 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 health care workers 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 pre-service and in-service training in HIV- and AIDS-related care and support provision that they may have received.

## 2.4 SAMPLING DESIGN

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. 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 was 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. The list provided by the National AIDS Program Coordinator from Tobago revealed 20 facilities, 16 of which are public and 4 that are private. Information on the non-governmental facilities surveyed can be found in the tables in the appendix.

### 2.4.1 SAMPLE OF FACILITIES

The sample used for the HSPA was obtained from the above-mentioned 20 facilities in Tobago. Among these facilities, there are a number of facilities providing the majority of care and treatment to HIV-positive individuals, such as ART, PMTCT, and laboratory services. Facilities such as these can be viewed as being more advanced in the level of care they can provide to PLHIV. In addition to these 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. These types of facilities are seen as providing a more basic-level of care.

Tobago also had more basic-level care facilities (16) than advanced-level ones (4). All four advanced care facilities were included in the sample, although only three agreed to participate. Again, based on logistical considerations, a sample of 8 basic care facilities was randomly drawn from the 16 basic care facilities listed, for a total of 11 facilities in the overall sample for Tobago.

Since the advanced care facilities are overrepresented in comparison to their representation in Tobago as a whole, weights were constructed to account for this in



the analysis. Table 2.4.1a provides information on the weighted percent distribution of facilities included in the sample, as well as the weighted and unweighted number of facilities. All tables and figures in the report are based on the weighted number of public (government) facilities that provide the particular service of interest. There are two exceptions to this general rule: the region-specific tables and figures (Sections 3.2.1 through 3.2.3) and all of the maps are based on the unweighted number of facilities or providers who provide the service of interest.

Table 2.4.1a: Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted) by facility type, managing authority, and tier. Tobago HSPA 2006

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	7	* <sup>1</sup>	1
Health Center	70	8	7
Lab	13	1	2
Other	10	1	1
Managing authority			
Government	87	9	9
Non-governmental	13	2	2
Tier			
Advanced	20	2	3
Basic	80	9	8
Total	100	11	11

<sup>1</sup>Weighted number of facilities less than 1 (0.73)

Tables 2.4.1b display the weighted and unweighted number of public facilities in Tobago that offer several key services related to HIV and AIDS care. This table should be referenced to determine the actual number of public facilities that provide a particular type of service when reviewing the tables and figures that appear in this report, especially when one is trying to interpret weighted percentages for services that are not widely available in the country.<sup>47</sup>

<sup>47</sup> Because of the effects of weighting, these percentages are sometimes based on a weighted number of facilities that is less than 1. In these instances, the percentage appears in parentheses with an accompanying footnote that gives the unweighted number of facilities.

Table 2.4.1b: Number of facilities providing specific services Number of public facilities (weighted and unweighted) providing services, by service provided, HSPA Tobago 2006

Service provided	Number of facilities	
	Weighted	Unweighted
HIV testing	9	9
Any care and support services (CSS) for HIV/AIDS clients	5	5
Tuberculosis services (TB)	2	2
Antiretroviral therapy (ART)	2	2
Prevention of mother-to-child transmission (PMTCT)	9	9

In Tobago, the main challenge was to get the cooperation of the private labs to participate in the survey.

#### 2.4.2 MOBILE TEAMS AND REFERRAL SYSTEM

As mentioned in Section 1.6, the health services in Tobago are organized so that a few facilities are the referral centers and main providers of some of the services of interest of the HSPA. Other facilities refer clients to these facilities, or mobile teams periodically visit these facilities and provide services. The HSPA was not able to capture whether certain services in the facility are offered through mobile units; however, the data collection team did return to the facilities if a knowledgeable person was not available the day of the survey. While the HSPA captures information regarding referrals to other facilities, the focus of this evaluative tool is on the capacity and conditions of service provision that occurs within a facility. Detailed information about a given service is obtained only if at least one clinic or unit within the facility reports providing that service. If all of the surveyed clinics/units in a facility refer clients to an outside facility for service, that information is recorded, but not used in constructing the main indicators within this report.

Tables 2.4.2a and 2.4.2b show that many of the facilities sampled in the HSPA provide referrals to other facilities for a variety of basic and advanced-level services. As mentioned above, the HSPA did not follow up on where the referrals were being made. Presumably, the actual facilities to which referrals are made or a comparable facility are represented in the data due to the sampling design



Table 2.4.2a: Percentage of public facilities (n=9) with basic HIV/AIDS-related services that provide referrals, HSPA Tobago 2006

Service	Service in clinic/unit	Service through referral to clinic/unit elsewhere in facility	Service through referral to outside facility	No service and no referral	Total
HIV testing	100	0	0	0	100
STI treatment	100	0	0	0	100
TB services	23	0	54	23	100
Malaria treatment	0	0	12	88	100
Care and support services	54	0	46	0	100

Table 2.4.2b: Percentage of public facilities offering CSS (n=5) with advanced HIV/AIDS-related services that provide referrals, HSPA Tobago 2006

Service	Service in clinic/unit	Service through referral to clinic/unit elsewhere in facility	Service through referral to outside facility	No service and no referral	Total
ART	36	0	43	21	100
Treatment for opportunistic infections	79	0	21	0	100
Palliative care	79	0	21	0	100
Pediatric AIDS care	36	0	64	0	100
Nutritional rehabilitation	36	0	64	0	100
Fortified protein supplementation	(14) <sup>1</sup>	0	64	21	100
IV treatment of fungal infections	(14) <sup>1</sup>	0	86	0	100

<sup>1</sup> Weighted cell count less than 1. Unweighted 1 out of 5 government facilities.

### 2.4.3 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 provided 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 completed registers and

who never provided 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 their representativeness of the qualification and number of staff who were assigned to the facility. Thus, the results of the health worker interviewers are potentially biased because the staff present on the day of the survey may not be representative of the staff who normally provided the services of interest in the facility.

The main challenge to the health service provider component of the Tobago HSPA was with regards to the shortage of health workers, which made it difficult to complete the entirety of the interview in one setting.

## **2.5 STUDY IMPLEMENTATION**

### **2.5.1 TRAINING AND SUPERVISION OF DATA COLLECTORS**

Survey interviewers were primarily recruited from the Ministries of Health and National AIDS Programs service providers, health planners, and epidemiologists experienced in HIV and AIDS services and knowledgeable about survey implementation and interviewing. A 2-week training was conducted for survey staff at St. George's University, Grenada, by MEASURE Evaluation staff. It included practical training, role-play in completing all questionnaires and actual survey conduct in health facilities of different types. A total of 23 participants from 5 countries (Saint Kitts and Nevis, Grenada, Trinidad and Tobago, Antigua and Barbuda and Suriname) were trained.

### **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 in the MEASURE DHS+ project and were adapted during Phase I after consulting with technical specialists from the MOH, USAID, and NGOs knowledgeable about Caribbean health services and service program priorities covered by the HSPA. A training manual was developed and distributed to all survey interviewers and project staff to support standardized data collection.

Operational definitions were modified for the health system components that were to be measured. These were revised based on discussions with survey interviewers during the training and again after the pre-test in Grenada.

### **2.5.3 DATA COLLECTION METHODS**

The survey was conducted between December 2005 and March 2006. 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 global positioning system (GPS) readings of the geographic coordinates of each facility.



Each team received a list of facilities to be visited. Data collection took one day in most facilities, with two days 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 if 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.

### 2.5.4 PROCESS FOR DATA MANAGEMENT AND REPORT WRITING

After the data were collected in country, the questionnaires were sent to St. Georges University where 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. The biostatistician from SGU Department of Public Health and Preventive Medicine was trained in the analysis of the HSPA. Once a final dataset was completely entered and cleaned, the biostatistician and MEASURE Evaluation/UNC staff completed the data analysis using STATA.<sup>®</sup> The final data set and the original questionnaires were sent to MEASURE Evaluation/UNC.

The country reports were written by SGU and MEASURE Evaluation/Macro International Inc. technical staff and were vetted and revised with input from country representatives and stakeholders. St. George's University, Grenada facilitated the final phase of the country report review and revisions.

### 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 various 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). Record-keeping 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, it is confirmed 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 their hands or for 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 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 actual number of facilities surveyed (unweighted) are included in this report.



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

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### 3.1 OVERVIEW

The National AIDS Coordinating Committee (NACC) has the mandate to bring about the goals and objectives of the national strategic plan. The NACC is composed of stakeholders from PLWHA, business, youth, non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), Ministry of Health, Ministry of Legal Affairs, Ministry of Finance, Ministry of Education, Ministry of Planning & Development, Tobago House of Assembly, Labor and Media. The NACC secretariat is the operational arm of the NACC. The Tobago HIV/AIDS Coordinating Committee is responsible for HIV and AIDS related activities specific to Tobago. In order to achieve the goals of the NSP, the NACC requires further expansion to address the services needed for HIV transmission prevention and optimal maintenance of Persons Living with HIV and AIDS.

An international technical working group made up of representatives from the World Health Organization (WHO), United Nations program on HIV and AIDS (UNAIDS), the United States Agency for International Development (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:

1. Capacity to provide basic-level services for HIV and AIDS
  - 1.1 System for testing and providing results for HIV infection
  - 1.2 Systems and qualified staff for pre-and post- test counseling
  - 1.3 Specific health services relevant to HIV and AIDS (TB, Malaria, STI) including resources and supplies for providing these services
  - 1.4 Elements for preventing nosocomial infections
  - 1.5 Trained staff and resources providing basic interventions for prevention and treatment for people living with HIV and AIDS
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 people living with HIV and AIDS
  - 2.2 Systems and items to support advanced services for the care of people living with HIV and AIDS



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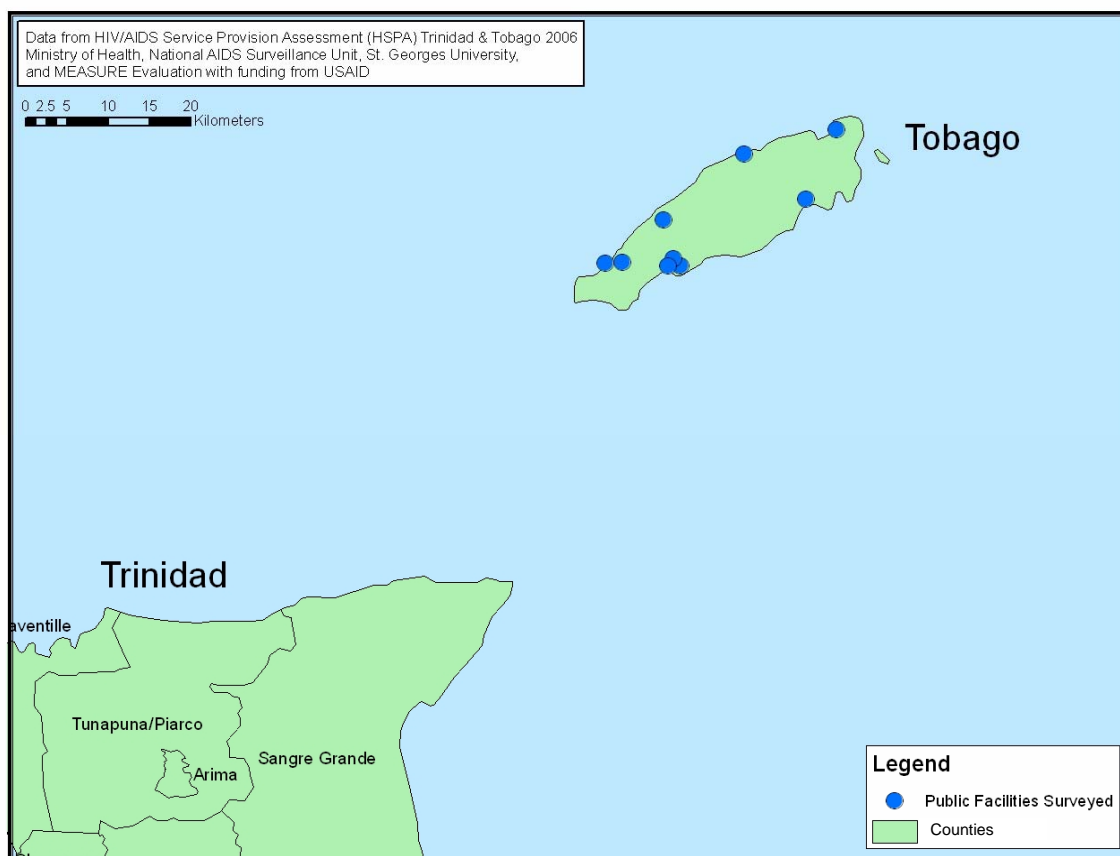
- 2.3 Systems and items to support antiretroviral combination therapy
- 2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS
- 2.5 Conditions to support home care services
- 2.6 Post-Exposure Prophylaxis (PEP)
3. Data availability and record-keeping systems for monitoring 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 that were collected through a sample of health facilities 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. The number of private facilities and hospitals is too small to be included in a country specific comparison. Therefore, only public facilities are discussed in this report.

### **3.2 AVAILABILITY OF PROVIDERS AND SERVICES**

The HSPA assessed the availability of HIV and AIDS-related services in Tobago. As shown in Figure 3.2., the survey included 9 public facilities, and 59 public providers were interviewed.

Figure 3.2: Location of the public facilities surveyed, Tobago HSPA 2006



The services that were assessed are components of either basic or advanced HIV and AIDS services or advanced HIV and AIDS services. The 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 offering counseling and testing if clients are offered the HIV test, and then the facility either conducts the test or there is a system for the facility to receive results back and to follow up clients for post-test results (“HIV Testing System”). A facility where clients are simply referred elsewhere was not defined as offering counseling and testing, as it is expected that the other location counsels and follows up on test results. (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. These most often include treatment for opportunistic infections, including treatment for illnesses commonly associated with or worsened by HIV infection, such as tuberculosis, sexually transmitted infections, and malaria. Other CSS may include palliative care and socio-economic and psychological support services. Along with



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- CSS, infection control measures were assessed for all service units assessed in the 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, for 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 are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including 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 an observed policy/guidelines for youth-friendly services, at least one provider trained in providing youth-friendly services, and the facility reports implementing youth-friendly services.

In addition to the key indicators of HIV and AIDS services, region-specific indicators were also collected by the HSPA. The availability of trained staff was assessed by interviewing service providers to determine their areas of service and recent training along with attitudes towards people living with HIV (PLHIV). A concern with the movement of clients within the region in search of quality PMTCT and ART services was also addressed by the HSPA.

### 3.2.1 REGION-SPECIFIC FINDINGS

#### Training of Service Providers

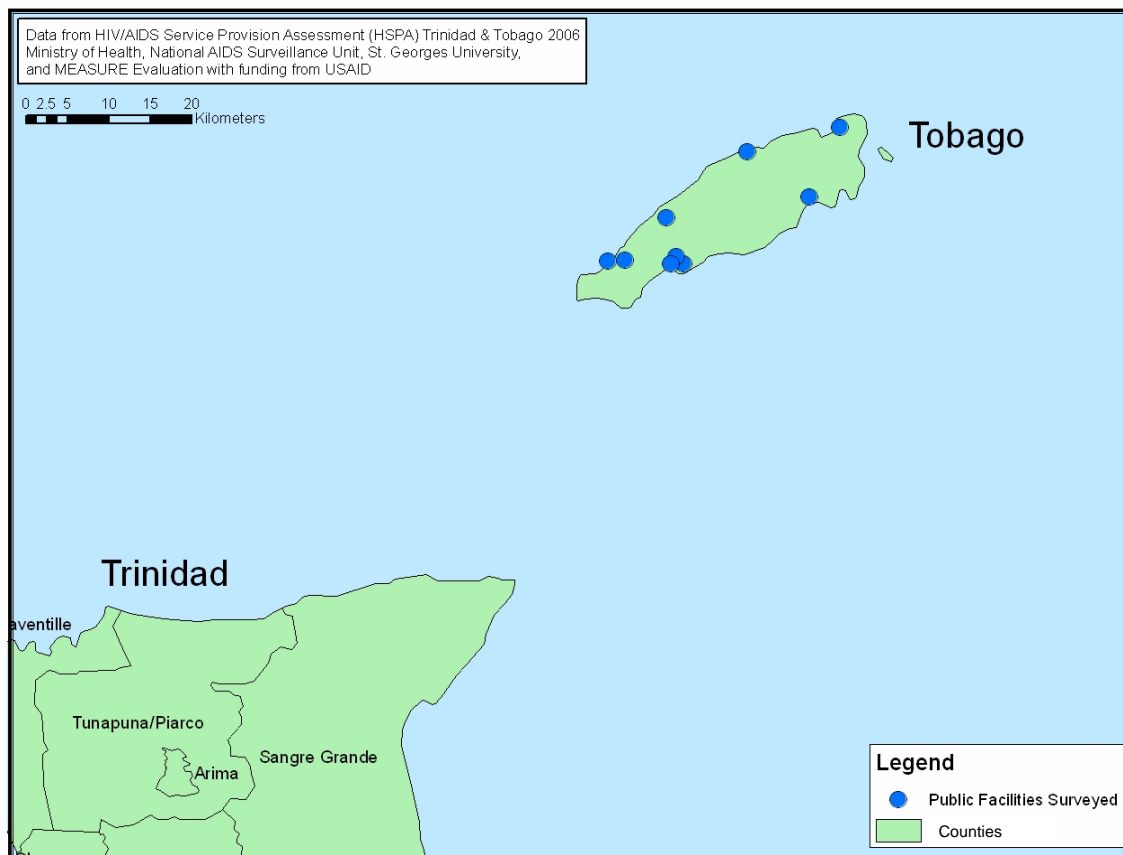
In Tobago, the HSPA interviewed 59 service providers from among the nine public facilities sampled. The public facilities and provider information was broken down to identify facilities providing specific types of services, and among the facilities, the number of providers who were recently trained in specific service areas (within the last 3 years).

The HSPA explored several key indicators that are highlighted here, and which will be helpful in assessing the provider and service availability in Tobago.

All the nine public facilities surveyed in Tobago have an HIV testing system. Figure 3.2.1a shows the locations of these nine facilities. An HIV testing system is defined in the HSPA as a facility offering counseling and testing, where 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: Location of facilities with an HIV testing system, Tobago HSPA 2006



Of nine facilities with an HIV testing system, six have at least one counselor trained in pre- and post-test counseling by the Caribbean HIV/AIDS Regional Training Initiative (CHART)/JHU (Table 3.2.1a).

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 Tobago 2006

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 who reported training by CHART
9	9	6

<sup>1</sup> Facility offers counseling and testing (onsite or offsite) and keeps records of having received test results.

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



Number of clinical sites providing ART by a CHART-trained provider

For the purposes of this assessment, ART as defined includes prescribing ART; medical follow-up of ART clients; or ordering/prescribing lab tests to monitor ART. Two types of interviews were used to report on training of providers. Table 3.2.1b is based on the facility inventory where the in-charge of a facility was queried about the level of training of staff. Tables 3.2.1 c and 3.2.1d are based on the responses from the health workers interviewed about the training they received.

Two of the nine public facilities surveyed reported that they provide antiretroviral therapy (ART).<sup>48</sup> Both of these facilities reported having a director of ART services. Neither of the facilities reported having a director of ART services trained by CHART. Capacity in ART service provision is likely challenged by the relatively limited number of staff and the low numbers of HIV-positive clients accessing services. Capacity building must go hand-in-hand with scaling-up programs, resources, and staffing.

Table 3.2.1b: ART provision by public facilities, number of public facilities with a director of ART services, and number of public facilities that report a director of ART services trained by CHART, HSPA Tobago 2006

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/JH
9	2	2	0

From the health worker interview, three providers reported having been trained in prescribing ART, two providers reported having been trained in medical follow-up for ART and two providers reported having been trained in ordering and/or prescribing lab tests for monitoring ART in the past year. Two providers reported having been trained in adherence counseling for ART. No providers per indicator reported having been trained by CHART (Table 3.2.1c).

<sup>48</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.

Table 3.2.1c: Number of providers surveyed in facilities offering ART who reported receiving training from CHART in ART-related services as reported by providers interviewed I, HSPA Tobago 2006

Number of providers surveyed in facilities offering ART services	Number of facilities offering ART services	Of those providers surveyed in facilities offering ART services, number of trained providers in/of						Among those facilities offering ART service, number of facilities reporting provision of any counseling for ART medicines	Of those providers surveyed in facilities offering adherence counseling, number of trained providers in	
		Prescribing ART	Prescribing ART who reported training by CHART	Medical follow-up for ART	Medical follow-up for ART who reported training by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported training by CHART		Adherence counseling for ART	Adherence counseling for ART who reported training by CHART
35	2	3	0	2	0	2	0	2	2	0

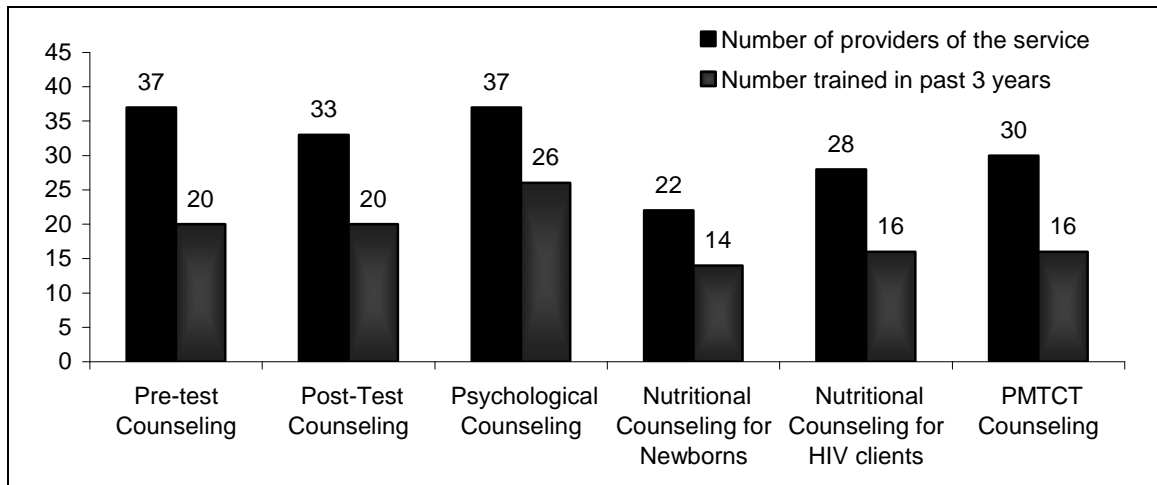
<sup>1</sup> Results reported at provider level for public facilities only. Provider is considered a trained provider of service if training occurred within the last year.

### Proportion of providers of HIV- and AIDS-related services that are trained in those services

An assessment of this indicator has focused on basic HIV- and AIDS-related services (note that more details on basic services are reported under Section 3.3, and advanced-level services are reported in Section 3.4). The HSPA looked at providers of HIV- and AIDS-related services and their specific area of service. It then looked at those who had been trained recently (within the past 3 years). Figure 3.2.1b shows the number of providers of counseling services who were trained recently of the 59 providers surveyed.



Figure 3.2.1b: Number of providers of HIV and AIDS-related counseling who were trained in their area of counseling, HSPA Tobago 2006



The data illustrate that there are a fair number of providers who have not received recent training in HIV- and AIDS-related counseling services. Of the six types of counseling identified (Figure 3.2.1b), pre-test counseling and psychological counseling had the highest number of providers (37). Psychological counseling had the largest number of providers trained (26) within the past 3 years.

The data show that 64 percent of providers of nutritional counseling for newborns (14 of 22) have been trained within the last 3 years. In addition, 53 percent of providers had received recent training in PMTCT (16 of 30 providers).

It is also important to look at the proportion of providers who see or treat some of the common diseases often linked with HIV and AIDS, including sexually transmitted infections (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 Tobago. Table 3.2.1d 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 largest proportion of those who have recently received training is among those who provide STI diagnoses and treatment (11 of 22 or 50 percent of providers of the service have been trained in the last 3 years). There are 14 health care professionals providing TB services and 29 percent (4 of 14) of providers have been trained in the last 3 years. TB services should be of concern, that is, whether there are an adequate number of trained providers to handle the patient load if the prevalence rate increases. 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 to 10 percent, but rises to 50 percent in those with HIV.<sup>49</sup>

<sup>49</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Topics in HIV Medicine*, 12(5):144-149.

Table 3.2.1d: Of the public facilities sampled, number of providers of STI, malaria, and TB services and who were trained in the last 3 years, HSPA Tobago 2006

	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services <sup>1</sup>	
	Total number of providers surveyed	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years
	59	11	5	3	14	4

<sup>1</sup> TB services defined as either clinical diagnosis, sputum diagnosis, prescribe 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 PLHIV. 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/AIDS. The survival rate for HIV/AIDS patients is higher among practitioners with more experience in HIV/AIDS management. Service providers need to be more aware of how their prejudices affect client’s health-seeking behavior and to develop sensitivity to enable them to effectively work with people with HIV/AIDS.”<sup>50</sup>

To provide an estimate of proportion of providers of HIV and AIDS-related services reporting accepting attitudes towards PLHIV, a composite indicator was constructed to measure provider stigma. The indicator is derived from providers’ responses (recorded on a four-point Likert scale) of agreement or disagreement with the following series of statements. Respondents with a positive score of six out of six 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>50</sup> Massiah E., T. C. Roach, C. Jacobs, et. al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Revista Panamericana de Salud Publica/Pan American Journal of Public Health*, 16(6), 395-401



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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 one is related to health worker comfort working around PLHIV (6).<sup>51</sup> Item 5 was adapted locally to further explore health worker stigma.

In Tobago, of nine public facilities sampled, 75 percent of providers of HIV- and AIDS-related services responded with accepting attitudes toward PLHIV (Table 3.2.2). Since this is only a sample of providers in the country, one cannot make assumptions about attitudes of all providers. It has been reported elsewhere that health care providers without an in-depth knowledge of HIV transmission hold more stigmatizing attitudes.<sup>52</sup>

Table 3.2.2: Of the public facilities sampled, percentage of providers with accepting an attitude toward People Living with HIV/AIDS, HSPA Tobago 2006

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
59	75

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

### 3.2.3 PATIENT MOVEMENT WITHIN THE REGION TO ACCESS SERVICES (ART AND PMTCT)

With the creation of the CARICOM Single Market and Economy (CSME) in 1989 with the purpose of advancing integration and promoting economic growth in the region, there has been an anticipated increase in the migrant labor. Such population mobility is likely to increase the spread of HIV and burden the HIV and AIDS response and

<sup>51</sup>. The Synergy Project. 2005. Working Report Measuring HIV Stigma: Results of a field test in Tanzania. Silver Spring, MD: Social and Scientific Systems, Inc

<sup>52</sup> Ibid.

treatment of some National AIDS Programs (NAPs).<sup>53</sup> 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 quality services available throughout the region.<sup>54, 55</sup> Tables 3.2.3a and 3.2.3b demonstrate that ART and PMTCT services are not being provided to residents of other countries.

Table 3.2.3a: Provision of ART services by public facilities to residents of other countries, HSPA Tobago 2006

Number of facilities	Number of facilities offering ART service	Of those offering ART, number of facilities that offer services to residents of other countries	Among those that offer ART services to residents of other countries:	
			Median number of clients from other countries	Number of other countries represented in clientele
9	2	0	NA	NA

Table 3.2.3b: Provision of PMTCT services by public facilities to residents of other countries, HSPA Tobago 2006

Number of facilities	Number of facilities offering PMTCT services	Of those offering PMTCT, number of facilities that ever offer services to residents of other countries	Among those that ever offer PMTCT services to residents of other countries:		
			Number with current PMTCT clients who are residents of other countries	Among those with current PMTCT clients who are residents of other countries:	
				Median number of clients from other countries	Number of other countries represented in clientele
9	9	0	NA	NA	NA

<sup>53</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: Macro International Inc.

<sup>54</sup> Pan American Health Organization. 2005. 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, 26-30 September. Washington, DC: World Health Organization

<sup>55</sup> MEASURE Evaluation. 2005.



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

#### 3.3.1 AVAILABILITY OF BASIC-LEVEL SERVICES

The HSPA assessed two different levels of services for HIV and AIDS—basic and advanced. Both are described briefly in Section 3.2. This section reviews the results of basic-level of services for HIV and AIDS, which includes voluntary counseling and testing for HIV (VCT), services for HIV- and AIDS -related care and support (TB, STI, malaria, and infection control), and basic-level treatment of opportunistic infections and provision of palliative care. In this report, a facility is used to describe any health service facility or non-home-based care site where services related to HIV and 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.

After weighting to ensure the correct proportional representation for national level results, it was found that among the facilities sampled, all have an HIV testing system, and offer STI services, but 23 percent offer TB diagnostic or treatment services of any kind, and none reported offering malaria treatment services (Table 3.3.1). Of the public facilities, 42 percent offer treatment for opportunistic infections and palliative care for HIV and AIDS clients.

Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Tobago 2006

Total number of facilities	Percentage of facilities with HIV testing system	Percentage of facilities offering STI services	Percentage of facilities offering any TB diagnostic or treatment services	Percentage of facilities offering malaria treatment services	Percentage of facilities offering treatment for opportunistic infections for HIV and AIDS clients	Percentage of facilities offering palliative care for HIV and AIDS clients
9	100	100	23	0	42	42

It is important to note that many facilities included in the HSPA offer services through referral (see section 2.4.2 for more information). It would be expected that services such as TB diagnostic or treatment services, malaria services or CSS would be offered through referral given the small country context and low prevalence of HIV. However, services such as HIV testing and STI services should be decentralized to basic care facilities. It was found that in 100 percent of the facilities sampled in the HSPA offer HIV testing and STI services within the facility itself and do not provide referrals to other facilities (Table 2.4.2a page 16).

#### 3.3.2 VOLUNTARY COUNSELING AND TESTING (VCT)

A facility is defined as having an HIV testing system in place if the facility offers counseling and HIV testing to clients and has a record of clients who received test

results (i.e., facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site to return test results to the facility). A facility where clients are referred elsewhere for testing or receiving results was not defined as having an HIV testing system, since it is expected that the referred location counsels and follows up on test results. Table 3.3.2 shows that since all of the facilities sampled have an HIV testing system, the results are the same as Table 3.3.1.

Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV testing system, HSPA Tobago 2006.

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system:				
		Percent offering STI services	Percent offering any TB diagnostic or treatment services	Percent offering malaria treatment services	Percent offering treatment for opportunistic infections for HIV and AIDS clients	Percent offering palliative care for HIV and AIDS clients
9	9	100	23	0	42	42

Beyond an HIV testing system, a menu of services needs to be available to provide clients with basic-level care, support and treatment for HIV-related conditions. Systems for testing and providing results for HIV tests are shown in Figure 3.3.2a. It was found that all of the facilities with an HIV testing system either had an HIV test available or records were observed that provided results for tests conducted outside the facility. An informed consent policy for HIV testing was observed in all sites in 12 percent of sampled facilities. In 35 percent of facilities, a register with HIV test results in all sites was observed and in 23 percent, records for clients receiving HIV test results were observed. In none of the facilities were all of the following items for the indicator observed:

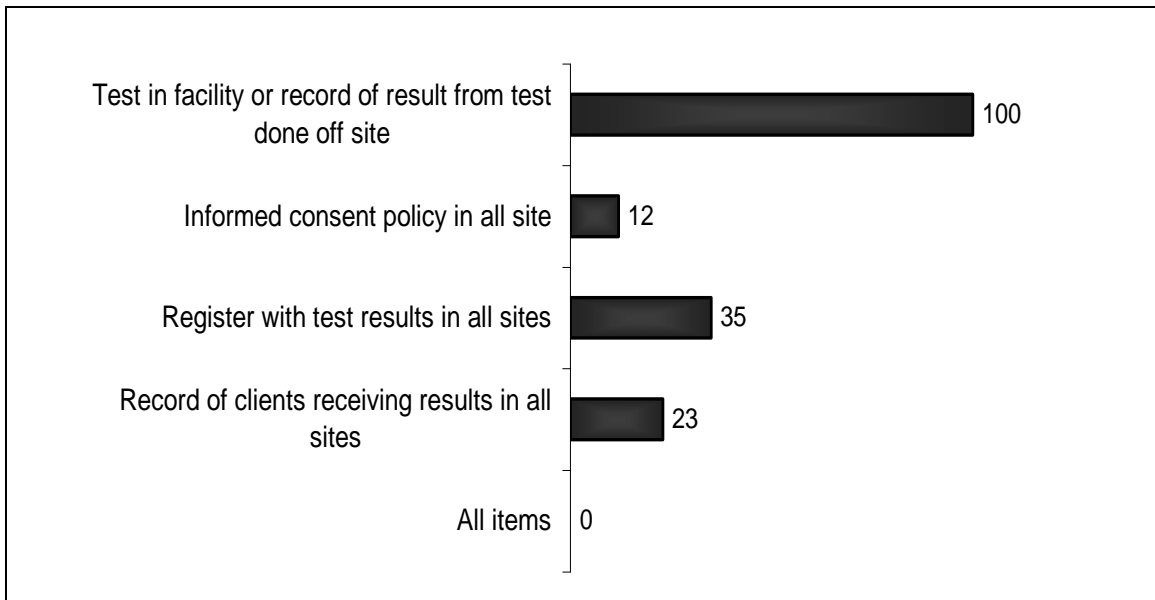
- ▶ The availability of an HIV test in the facility or from another site.
- ▶ An informed consent policy for HIV testing
- ▶ A register for HIV test results
- ▶ A record of clients having received HIV test results.

At present, HIV-negative and positive results are returned to the health centers, but HIV-positive clients are followed by the Health Promotion Clinic for counseling. There is not a strong system to track the HIV-positive clients. Health Center staff may be requested to contact a patient and try to get them to go to the Health Promotion Clinic, but sharing of information for continuity of services and linkages between the facilities is not strong.<sup>56</sup>

<sup>56</sup> Notes from Tobago HSPA Stakeholder's Meeting

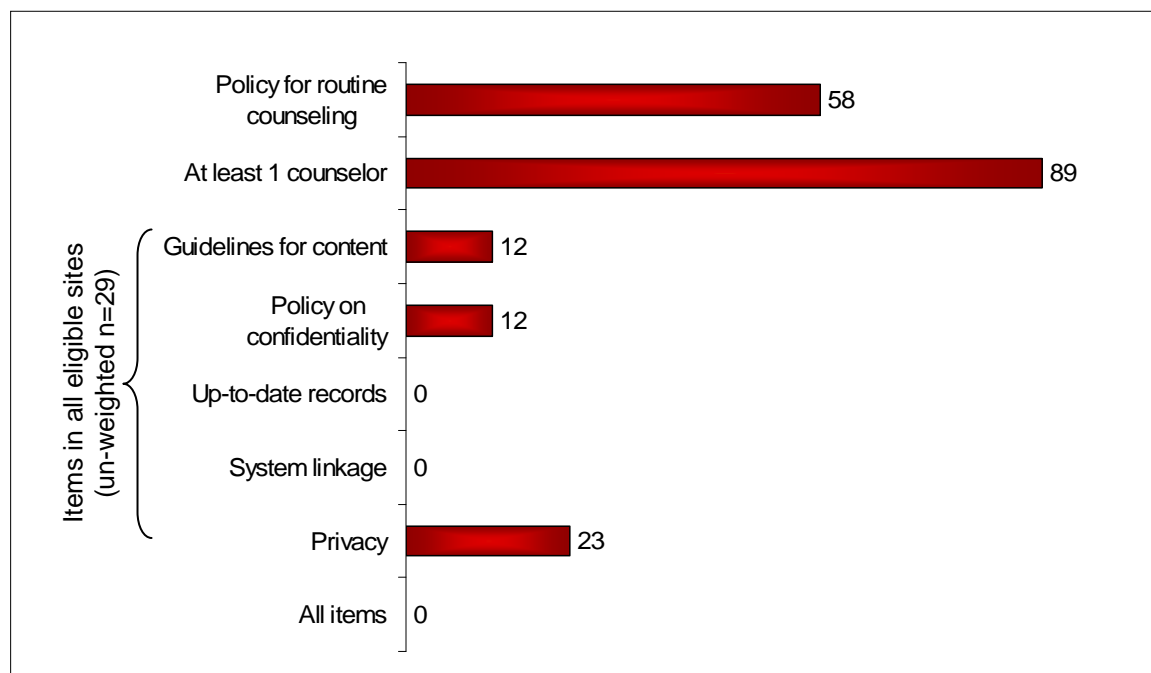


Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Tobago 2006



Systems and trained staff are needed to ensure full coverage for quality HIV testing and counseling services. Additional scale-up will enable Tobago to have systems and qualified staff in place for pre- and post-test counseling. The current situation is shown in Figure 3.3.2b. Of facilities with an HIV testing system, 89 percent have at least one counselor trained in pre- and post-test counseling assigned to counseling and testing sites. In addition, 58 percent of the facilities had an observed written policy for routine provision of pre- and post-test counseling, which is important for consistency and quality of information given to clients. Among the systems in place in all eligible service sites within facilities, 12 percent of facilities had observed guidelines for content of pre- and post-test counseling. Similarly, 12 percent of sampled facilities had observed guidelines or a policy on confidentiality for HIV test results in all service sites.

Figure 3.3.2b: Systems and qualified staff for pre- and post-test counseling, HSPA Tobago 2006



In a site or facility offering HIV testing and counseling, it is important to have privacy in order to respect confidentiality. As is noted in the literature, “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>57</sup> Thus, it is very important to have visual and auditory privacy possible in all counseling areas. Twenty-three percent of sampled facilities have privacy in all eligible sites in the facility. None of the sampled facilities had up-to-date records and or a system linking testing to results in all sites. It should be noted that none of the sampled facilities met the strict definition of having all items present for a complete 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. Other CSS may include palliative care and socio-economic and psychological support services. Tuberculosis (TB) and sexually transmitted infections (STIs) are both illnesses associated with HIV and AIDS. Programs to “Roll Back Malaria” are being addressed in conjunction with those addressing HIV and AIDS, TB, and STIs, in an effort to decrease the most serious underlying causes of death

<sup>57</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*; 17 (Suppl.1): 9-25.



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and disease. Facilities that provide CSS should also offer services for TB, STIs and malaria. Following is information on the availability of services for each of these illnesses.

Public facilities were surveyed to assess whether they offer any CSS. Figure 3.3.3a shows the location in Tobago of the five such facilities that offer CSS for HIV and AIDS.

Figure 3.3.3a: Location of facilities providing care and support services, HSPA Tobago 2006

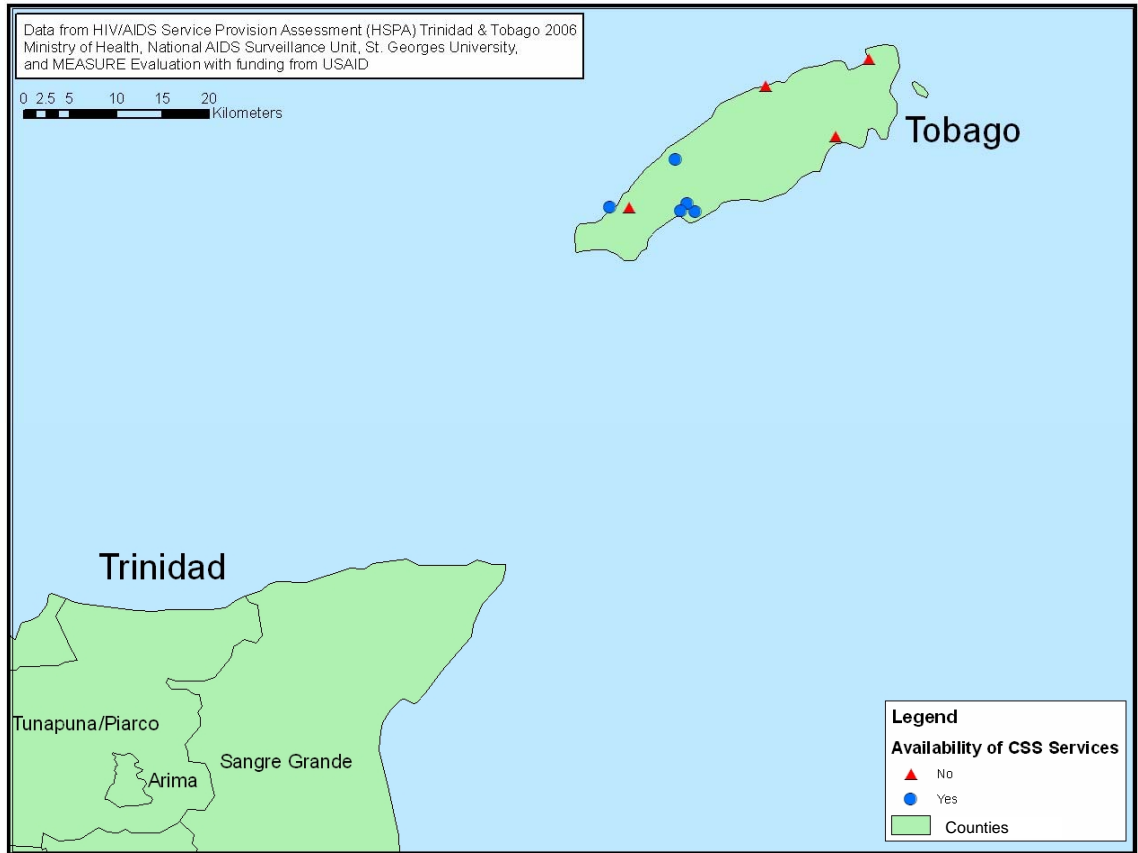


Table 3.3.3a illustrates that of the five facilities that offer CSS to HIV and AIDS clients, all have an HIV testing system in place and offer STI services, 43 percent offer diagnosis or treatment of any kind for tuberculosis, and none offer malaria treatment.

Table 3.3.3a: Basic HIV/AIDS-related service provision by public facilities that offer any CSS, HSPA Tobago 2006

Total number of facilities	Number of facilities offering CSS for HIV and AIDS clients	Among facilities offering CSS for HIV and AIDS clients:			
		Percentage with an HIV testing system	Percentage offering STI services	Percentage offering any TB diagnostic or treatment services	Percentage offering malaria treatment services
9	5	100	100	43	0

### 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. It was found that 65 percent of facilities reported having at least half of interviewed providers of TB, malaria, or STI services received pre- or in-service training during the past 3 years (Table 3.3.3b). It is important to note that this finding may be biased because the interviews of the providers were geared toward the most active and knowledgeable individuals in the facility. Thirty-one percent of facilities 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. For example, 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>58</sup>

Table 3.3.3b: Percentage of public facilities with supportive management practices for health service providers who treat infections relevant to HIV/AIDS, HSPA Tobago 2006

Number of facilities	Percentage 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
9	65	31

### Tuberculosis Services and Related Conditions

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

<sup>58</sup> Massiah E., T. C. Roach, C. Jacobs, et al. 2004.



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HIV and AIDS, 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 worldwide are co-infected with TB. People who are 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>59</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.

In addition to providing 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.

TB is a major co-infection in the greater Caribbean region as well.<sup>60</sup> Tables 3.3.3c to 3.3.3e illustrate different service conditions for TB. It was found that two facilities (and two unweighted sites) offer TB services (Table 3.3.3c). In addition, none of the facilities that offer TB services offers DOTS. The DOTS treatment strategy is either directly observed 2 months, follow-up 6 months, or direct observed 6 months, which can be an effective strategy in treating the disease if the infrastructure and medication are available. Another strategy includes follow-up treatment only, in which clients receive follow-up after intensive treatment for TB by a different clinical site/facility. All of the facilities that offer TB services reported that they perform follow-up treatment only (Table 3.3.3c). In Tobago, providers from the Chest Clinic of Trinidad come monthly or every 3 months to Tobago, depending on the need for client follow-up. Acute TB clients are referred to this clinic to be put on treatment. Providers at facilities who suspect TB may put clients on TB treatment, and later refer to the Chest Clinic. The

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<sup>59</sup> World Health Organization (WHO). 2005. Frequently asked questions about HIV and TB. Available at <http://www.who.int/tb/hiv/faq/en/index.html>.(accessed January 30, 2006).

<sup>60</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).

Surveillance Unit in Tobago follows up TB patients in Tobago.<sup>61</sup> The three tables below therefore should be considered within the context of how TB services are set up in Tobago.

Table 3.3.3c: Among those public facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), HSPA Tobago 2006

Number of facilities offering any TB services	Number of unweighted sites offering TB services	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy <sup>1</sup>			Among facilities offering any TB services, percentage with			
		DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>
2	2	0	100	0	0	50	50	0

<sup>1</sup>More than one treatment strategy may apply if facility offers TB services from multiple sites.

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

<sup>3</sup>Site provides follow-up for TB clients, after intensive treatment offered elsewhere.

<sup>4</sup>Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

<sup>5</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>6</sup>Observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

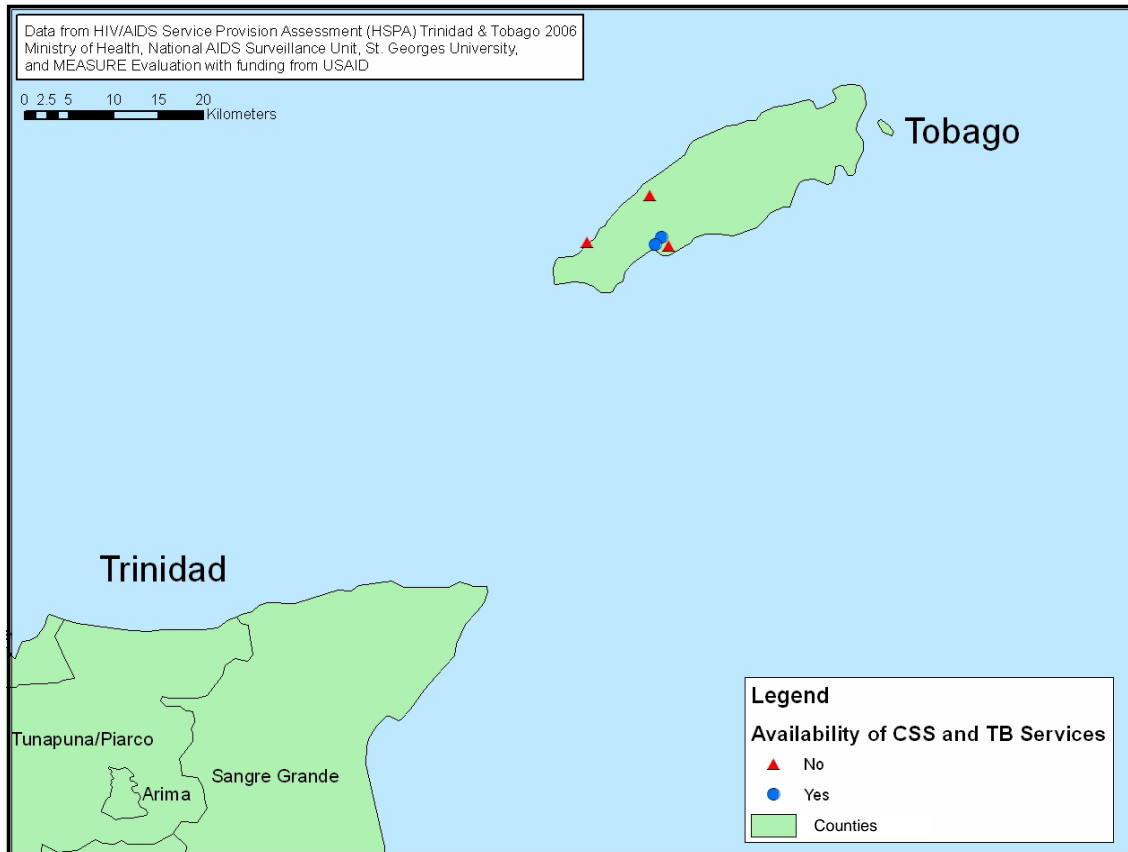
In resource-constrained settings, diagnosing co-infection or simply diagnosing TB without explicit training (and follow up for providers) can be complicated. Table 3.3.3c further shows that 50 percent of the facilities where TB treatment is offered had an observed TB treatment protocol and had all first-line TB medicines available (this includes 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). First-line treatment is important to treat the disease fully and to assist in preventing multi-drug resistant TB. In Table 3.3.3c, none of the facilities offering any TB services had an observed client register at any site where TB treatment is offered. Registers would be helpful to any follow-up system for TB.

When the HSPA considered provision of TB services among facilities that offer CSS for HIV and AIDS clients (Figure 3.3.3a), it was found that two of the five facilities that offer CSS also provide TB services.

<sup>61</sup> Notes from Tobago HSPA Stakeholder's Meeting, July 2007.



Figure 3.3.3b: Availability of CSS services and TB treatment or diagnosis, HSPA Tobago 2006



There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and treating the two in co-infection situations, as provision of ARTs and TB medication in this situation 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>62</sup>

It is imperative for TB services that functioning resources and supplies for diagnosing TB are available. It is difficult to clinically diagnosis TB patients who may be co-infected with HIV or AIDS with only one diagnostic tool: X-ray diagnosis, bacteriologic diagnosis, blood culture or nucleic acid amplification assays.<sup>63, 64</sup> Thus, it is important to assess what is available in country to best understand where the gaps might occur so as to facilitate the scaling up of services. Table 3.3.3d illustrates the resources that are available among facilities with any TB diagnostic or treatment services.

It was found that one out of the two facilities that provide any TB diagnostic or treatment services offer a sputum test for diagnosing TB (Table 3.3.3d). However, the

<sup>62</sup> Pape, J. W. 2004.

<sup>63</sup> Kaplan, J. 2005. .

<sup>64</sup> Pape, J. W. 2004.

facility did not have all items for conducting a sputum test for TB nor did it have observed records of sputum test results. One of the facilities reported diagnosing TB using X-ray; however, it did not have X-ray capacity.

Table 3.3.3d: Resources and supplies for diagnosing tuberculosis in public facilities, HSPA Tobago 2006

Total number of facilities	Number of facilities with any TB diagnostic or treatment services <sup>1</sup>	TB diagnosis using sputum				TB diagnosis using X-ray	
		Among facilities diagnosing TB using sputum <sup>2</sup> , percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities diagnosing TB using X-ray
		All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator <sup>3</sup>			
9	2	0	0	0	1	0	1

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

As noted earlier, DOTS is one strategy to treat patients with TB that is fairly effective as it necessitates the direct observation of a client taking medication administered by a provider (the treatment strategy followed is either directly observe 2 months, follow-up 6 months, or directly observe 6 months). Table 3.3.3e shows facilities that report having a DOTS strategy and are a part of the national program. Twenty-three percent of sampled facilities had any TB diagnostic or treatment services. As previously stated, none of the facilities surveyed followed or offered a DOTS strategy for TB.



Table 3.3.3e: Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS) in public facilities, HSPA Tobago 2006

Total number of facilities	Percentage with indicated TB activities			Number of facilities following DOTS strategy for TB	Among facilities following DOTS strategy for TB, percentage with				Number of sites offering TB service using DOTS strategy <sup>4</sup>
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</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>	
9	23	0	0	0	na	na	na	na	0

<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>2</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.

<sup>4</sup>The reported number of sites is unweighted.

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. If possible, clients 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 identify and co-treat the two infections.<sup>65</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, diagnosis, and treatment for STIs, including syphilis, comprise 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.

<sup>65</sup> Ibid.

- ▶ 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.

In Tobago, providers may start clients on STI treatment, but if needed patients are referred to a large hospital for additional diagnosis and treatment; however, linkages need to be strengthened.<sup>66</sup> Table 3.3.3f demonstrates that—nine facilities (12 unweighted STI treatment service sites within the sampled facilities) offer STI services. In addition, 35 percent of public facilities had an observed STI treatment protocol in all relevant units. All STI medicines were available in 54 percent of the sampled facilities. Twenty-three percent of sampled facilities 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) (Table 3.3.3f). It should be noted that large facilities such as hospitals with multiple service sites may not have all of the items in every site, and hence are penalized by this indicator. In addition, in some facilities one or two people may provide the service at multiple sites and thereby may only have a protocol at one site but not another. The emphasis on STI services appears to be provision of condoms, with 92 percent of facilities offering condoms in any service area or pharmacy of the facility.

Table 3.3.3f: Diagnosis and treatment for sexually transmitted infections in public facilities, HSPA Tobago 2006

Total number of facilities	Number of facilities offering STI treatment services	Number of sites offering STI treatment <sup>1</sup>	Percentage of facilities offering STI services, 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>
9	9	12	35	54	92	23

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (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 Tobago, it was assessed in the HSPA (Table 3.3.3g). The lack of services in this area should not be seen as negative. It was

<sup>66</sup> Notes from Tobago HSPA Stakeholder's Meeting, July 2007.



found that in the nine facilities surveyed in Tobago, no facility offered malaria treatment services.

Table 3.3.3g: Malaria diagnosis and treatment in public facilities, HSPA Tobago 2006

Total number of facilities	Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services <sup>1</sup>	Among facilities offering malaria services, percentage with		
			Observed malaria treatment protocol in all relevant units	Any anti-malarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility
9	0	0	na	na	na

<sup>1</sup>The reported number of sites is unweighted.

### Infection Control

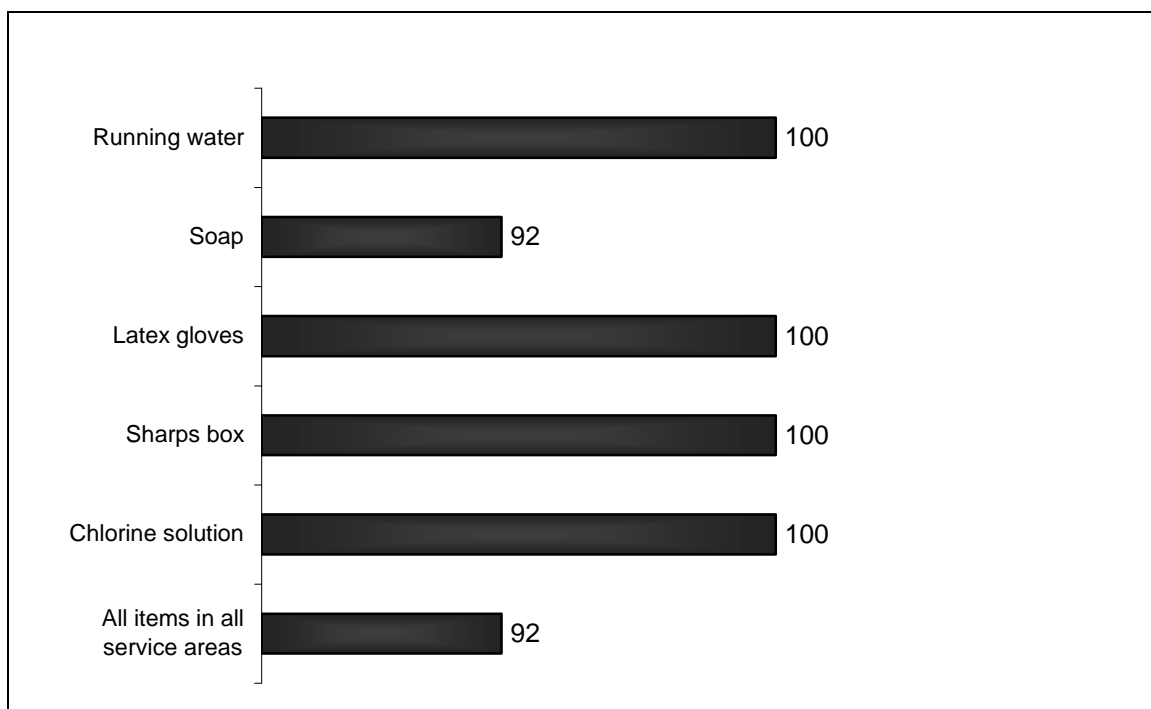
Infection control practices need to be followed in all sites where the possibility of cross-infection between clients, or between providers and clients is possible. Items for infection control that should be in every service site (or in close enough proximity that a provider could reasonably be expected 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-born 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 percentage of facilities that have the infection control items at all of the sites within the facility. It could be a serious problem if a whole facility does not have any infection control system. Systems should be in place in some of the sections of the facility and then a review of the infection control system is needed to determine if there is a problem with infection control in general, or if the facility is just temporarily out of supplies, or if there is a larger systems problem. The aim should be to have all of the sites with a completely functioning infection control system that is fully stocked. By reviewing Figures 3.3.3c and 3.3.3d, policymakers and program planners will have a better idea of how their services are achieving full coverage.

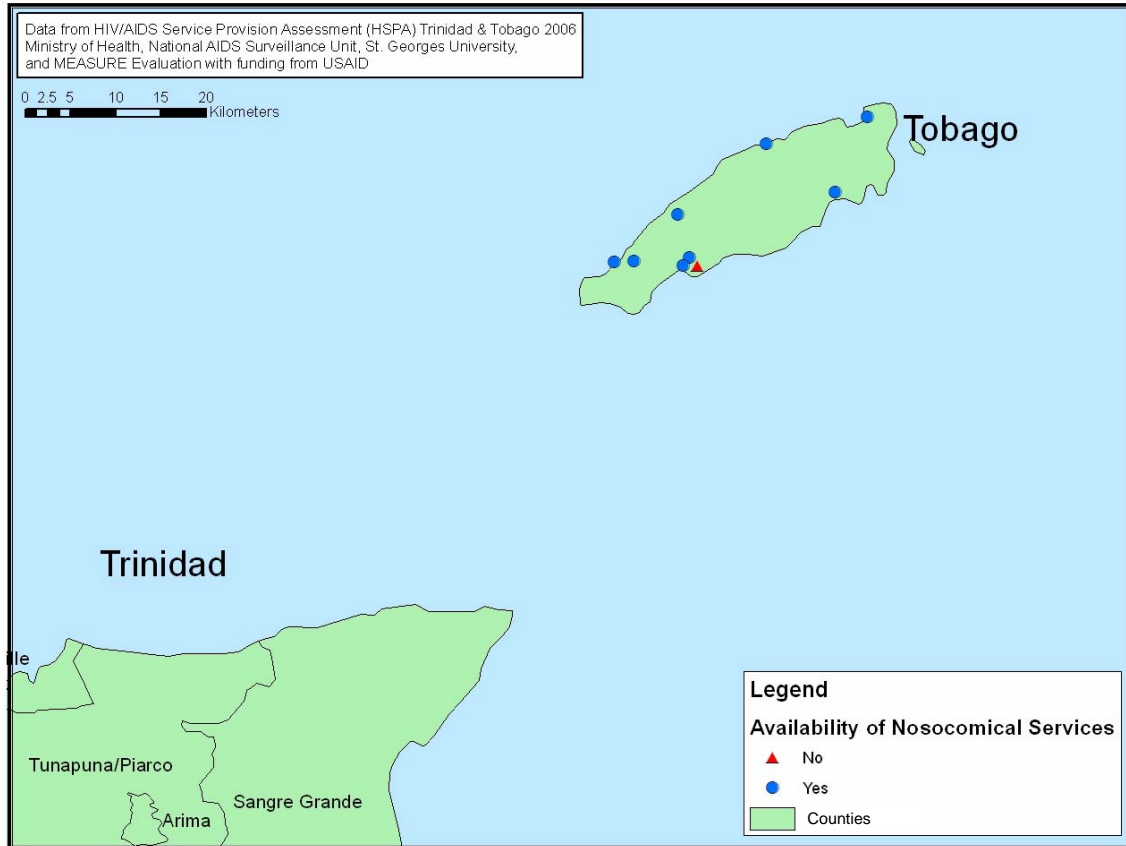
Figure 3.3.3c: Elements at public facility service sites for preventing nosocomial infections, HSPA Tobago 2006



It was found that 100 percent of the public facilities in Tobago had running water, latex gloves, a sharps box, and chlorine solution in all relevant service areas within the facility. Ninety-two percent of sampled facilities had soap in all service areas had all items for infections control present in all relevant service areas in the facility (Figures 3.3.3c and 3.3.3d).

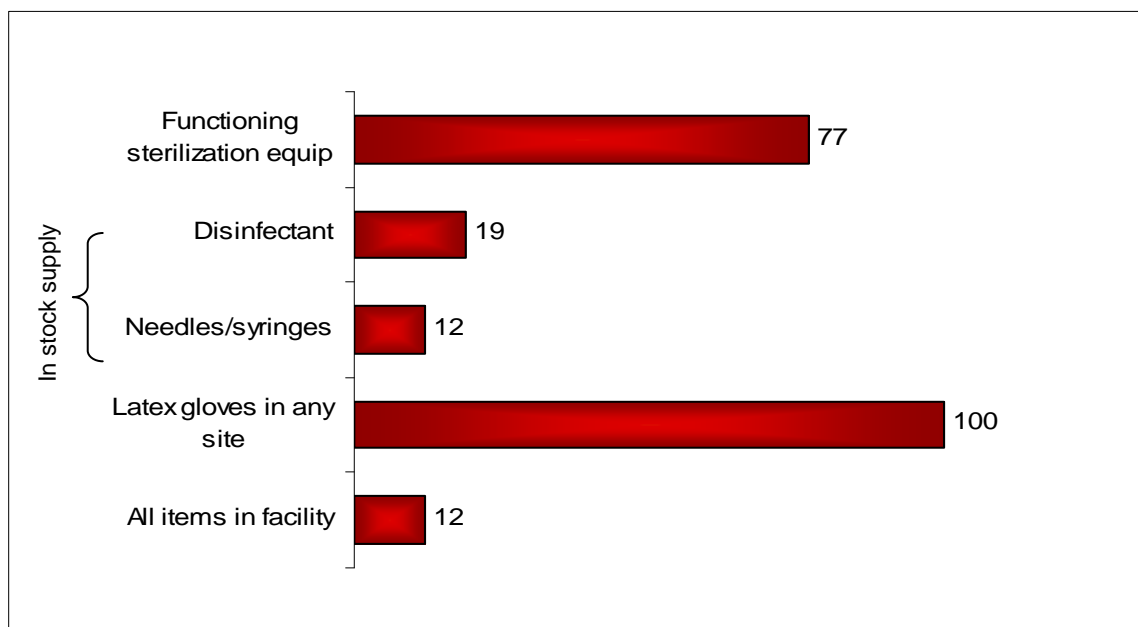


Figure 3.3.3d: Location of sites offering nosocomial infection prevention services, Tobago HSPA 2006



Given the ready availability of stock supplies for infection control and the significance of nosocomial infections to patients with compromised immunity, it is important to note that 77 percent of public facilities had functioning equipment for sterilization or high-level disinfection processing in the facility (Figure 3.3.3c). In 19 percent of sampled facilities, there was a disinfectant solution (bleach) present in stock supply within the pharmacy; and in only 12 percent of sampled facilities did the pharmacy have a stock supply of needles/syringes present. While 100 percent of sampled facilities had latex gloves available, this barrier method cannot provide infection control for many of the transmission routes. Only 12 percent of sampled facilities had all items present in all of the relevant service areas of the facility (functioning equipment for sterilization or HLD processing, disinfectant and needles/syringes in stock, and latex gloves in any site in the facility). To meet the requirements for the indicator, infection control materials (See Figure 3.3.3e) must be available in any of the eligible sites in a facility and the facility must have functioning equipment for sterilization or HLD, all stock items, and at least one site with latex gloves. Twelve percent of sampled facilities met this requirement.

Figure 3.3.3e: Elements for preventing nosocomial infections present anywhere within public facilities, HSPA Tobago 2006



### 3.3.4 BASIC-LEVEL TREATMENT OF OPPORTUNISTIC INFECTIONS AND PALLIATIVE CARE FOR HIV AND AIDS CLIENTS

#### Availability of Service

Because of the suppression of their immune response, HIV and AIDS clients are at high risk for developing opportunistic infections (OIs). All facilities providing any care and support services for HIV and AIDS clients should be able to treat OIs and to provide 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 they should be routinely provided to all HIV-positive clients, or selectively provided, depending on client conditions. It is important to know the extent to which these interventions are being offered.

Table 3.3.4 illustrates that 79 percent of facilities offering CSS for HIV and AIDS clients offer treatment for opportunistic infections (such as oral thrush), and 79 percent offer palliative care.

Table 3.3.4: Basic HIV/AIDS-related service provision by public facilities that offer any CSS, HSPA Tobago 2006

Total number of facilities	Number of facilities offering CSS for HIV and AIDS clients	Among facilities offering CSS for HIV and AIDS clients:	
		Percentage offering treatment for opportunistic infections for HIV and AIDS clients	Percentage offering palliative care for HIV and AIDS clients
9	5	79	79

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

In addition to assessing a basic-level of HIV and AIDS-related services, the HSPA also assessed advanced-level services for 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 care and support services needed for monitoring and treating HIV and AIDS patients. As service development expands, however, 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 record-keeping to allow monitoring of HIV and AIDS services. PMTCT is also seen as advanced-level care; however, it 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 immuno-sorbent 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 registers where the referral and test result is 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, STI, 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>67</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.

It is important to note that many facilities included in the HSPA offer services through referral (see section 2.4.2 for more information). It would be expected that advanced-level services would be offered at a central facility through referral given the small country context and low prevalence of HIV.

The specific areas of advanced services are illustrated in Table 3.4a. As can be seen, Tobago is limited in facilities that provide advanced-level services for HIV and AIDS. Only one out of nine facilities (unweighted) provides both nutritional rehabilitation and

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<sup>67</sup> For a list of relevant treatment/medication for these infections, please see footnote 69.



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fortified protein supplements (FPS) and intravenous (IV) treatment of fungal infection. Nineteen percent of public facilities reported offering ART, pediatric AIDS care and nutritional rehabilitation services. All of the facilities had the lab capacity for monitoring HIV and AIDS clients. Although 77 percent of facilities report providing PEP to staff, none of the facilities had observed PEP medicines.

Table 3.4: Advanced HIV/AIDS-related service provision by public facilities, HSPA Tobago 2006

Total number of facilities	Percentage with any lab capacity for monitoring HIV and AIDS clients <sup>1</sup>	Percentage reporting PEP available to staff	Percentage reporting PEP available to staff with observed PEP medicines	Percentage of public facilities offering:					
				ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
9	100	77	0	19	19	19	(8) <sup>2</sup>	(8) <sup>2</sup>	(8) <sup>2</sup>

<sup>1</sup> Having any lab capacity is defined as having one of the following within the facility: kit for spinal tap; culture media and incubator; liver function test; all items to assess hemoglobin or hematocrit; all items to assess white cell count; all items to assess BUN and serum creatinine; all items to assess serum glucose; India ink test; all items for Gram stain; all items to assess platelet count; all items for ELISA

<sup>2</sup> Weighted total number of facilities less than 1 (0.73). Unweighted 1 out of 9 facilities.

The HSPA further assessed the availability of advanced-level services among those facilities with an HIV testing system in place. All public facilities surveyed had an HIV testing system in place and the results are the same as above.

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 issue needs to be carefully considered.<sup>68</sup> If there is a need for additional services, diversifying staff and providing a balanced and integrated service that delivers ART would be the best approach. An assessment of the human resources available in light of the prevalence and trends of HIV and AIDS is key to determining a strategy for expanding ART services, if necessary.

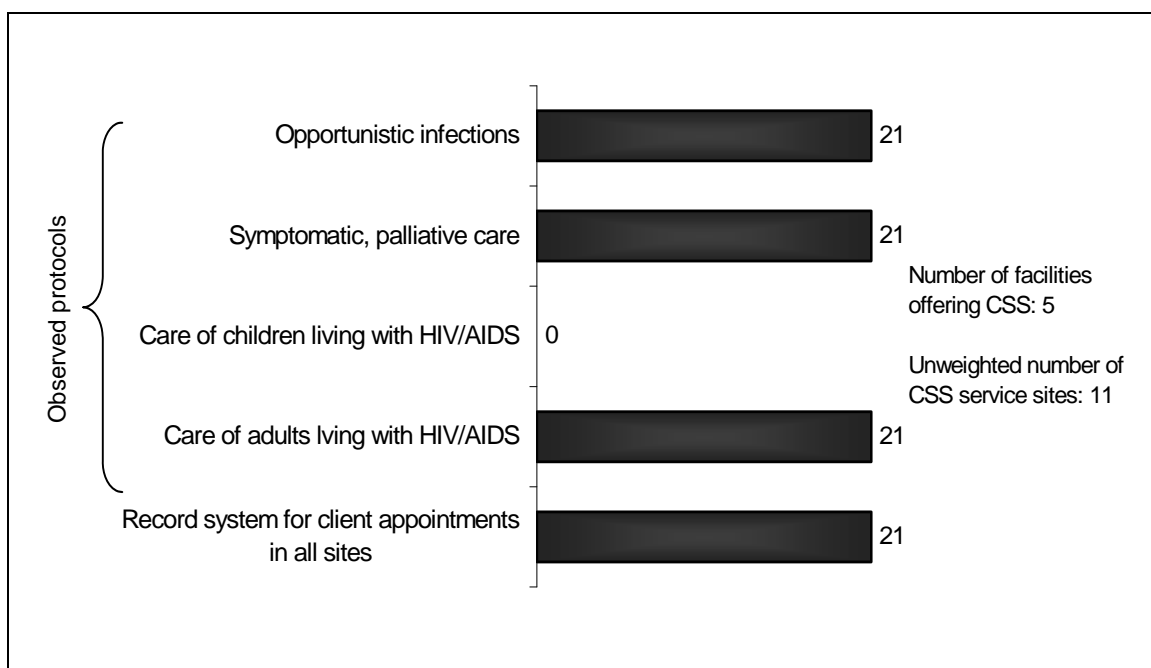
<sup>68</sup> Fitzgerald, J., M. Dahl-Regis, P. Gomez, A. Del Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: the experience of the Bahamas. *Revista Panamericana de Salud Publica/Pan American Journal of Public Health*, 17(1):66-72.

### 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 Four—Status of the HIV and AIDS Health Information System. It was found that of the five (weighted) facilities (and eleven unweighted sites across these facilities) offering CSS for HIV and AIDS clients, twenty one percent had a record system for individual client appointments observed in all relevant program sites of the facility; however they may be present in some of the sites in other facilities (Figure 3.4.1a). Twenty-one percent of the facilities had guidelines/protocols for treating opportunistic infections, symptomatic palliative care and care of adults living with HIV and AIDS observed in all relevant sites within the facility. None of the facilities that offer CSS had protocols/guidelines for the care of children living with HIV and AIDS in all service sites.

Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV/AIDS, HSPA Tobago 2006



#### Trained Providers

In order to provide quality services, health workers need to be up-to-date in best practices. Facilities should have at least one provider who has recently been trained (in the past 3 years). The HSPA assessed training and supervision in palliative and nutritional care, as well as recent training in psychosocial counseling, disorders of the

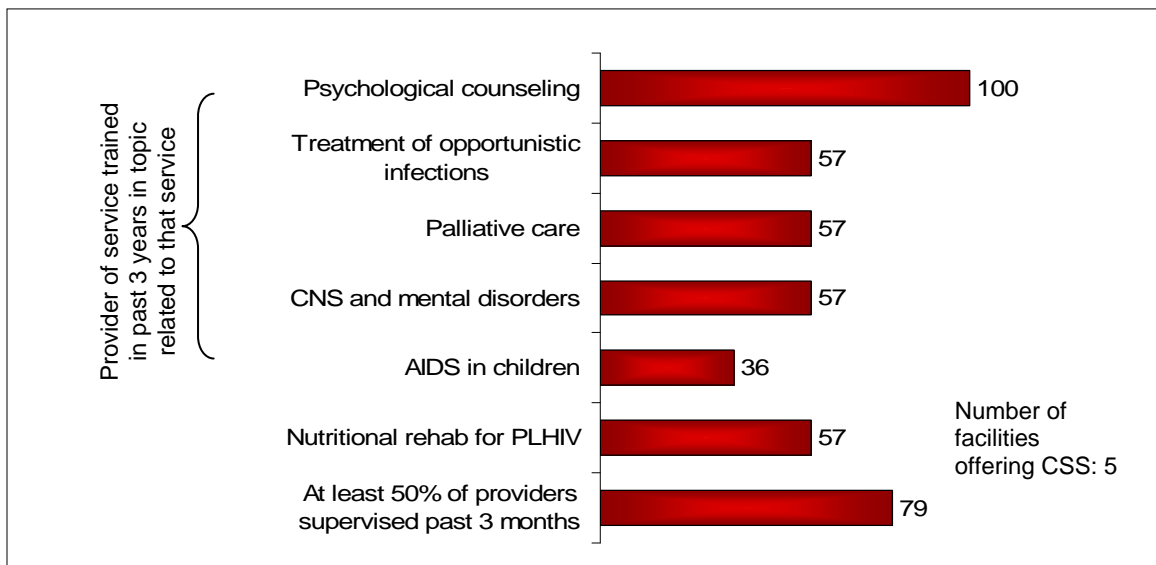


## CHAPTER 3: CAPACITY TO PROVIDE SERVICES FOR HIV AND AIDS

central nervous system and mental functioning, and AIDS in children (Figure 3.4.1b). Among the five public facilities offering CSS for HIV and AIDS clients it was found that—

- ▶ All facilities reported having at least one provider of psychosocial counseling trained in psychosocial counseling within the past 3 years.
- ▶ Fifty-seven percent reported having at least one provider of treatment for OIs trained in treatment for OIs within the past 3 years.
- ▶ Fifty-seven percent reported having at least one provider of palliative care trained in palliative care within the past 3 years.
- ▶ Fifty-seven percent reported having at least one provider of central nervous system and mental disorders trained in central nervous system and mental disorders within the past 3 years.
- ▶ Thirty-six percent reported having at least one provider of treatment of AIDS in children trained in treatment of AIDS in children within the past 3 years.
- ▶ Fifty-seven percent reported having at least one provider of nutritional rehabilitation for HIV and AIDS trained in nutritional rehabilitation for HIV and AIDS within the past 3 years.
- ▶ Seventy-nine percent of facilities reported at least half of their providers received supervision in the last 3 months.

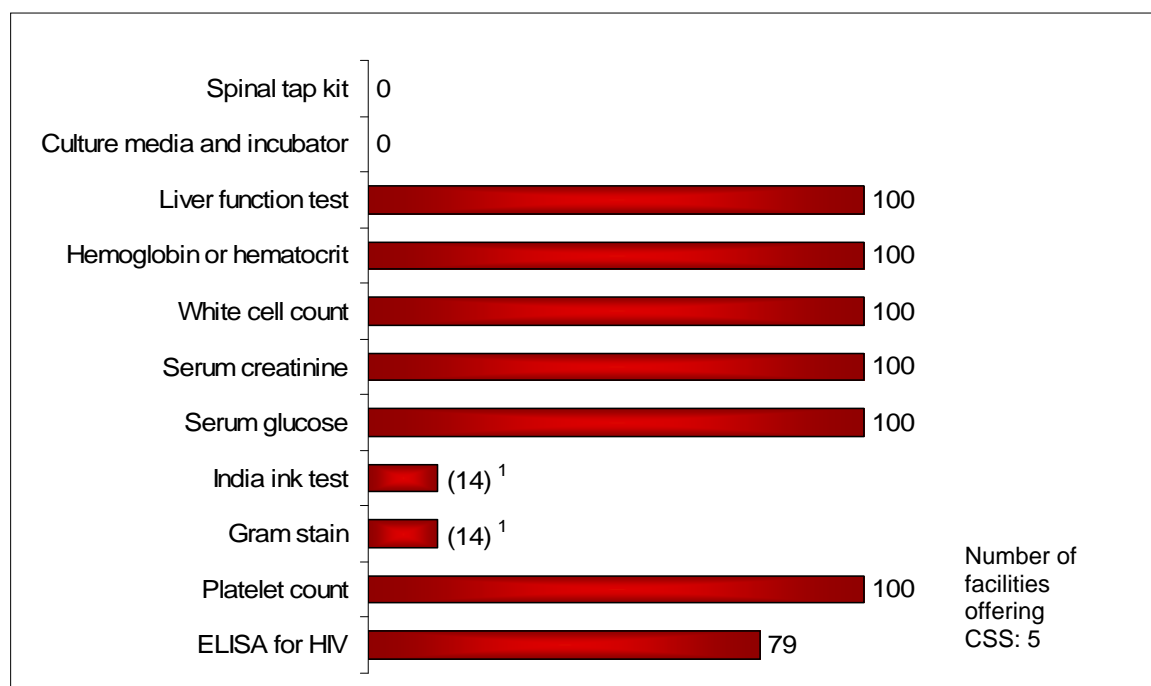
Figure 3.4.1b: Management and support for health service providers of advanced services for HIV/AIDS, HSPA Tobago 2006



### 3.4.2 LABORATORY SERVICES

In Trinidad and Tobago, HIV testing is managed by the Ministry of Health. There is a wide network of testing sites across Trinidad and Tobago, with variance in those that provide ELISA tests (which can take 2 weeks) to rapid testing sites that provide same-day results. Rapid testing is available free of charge in a number of health facilities. Ultimately, positive results are confirmed by the Caribbean Regional Epidemiological Center (CAREC). The facilities that offer CSS for HIV and AIDS clients in Tobago scored high percentages on several items needed to conduct laboratory investigation (Figure 3.4.2). The only items, however that are lacking are kits for spinal taps, culture media and incubator, India ink test (14 percent) and Gram stain (14 percent). Seventy-nine percent of the public facilities offering CSS had an onsite laboratory to conduct the ELISA test for HIV.

Figure 3.4.2: Laboratory testing capacity for monitoring HIV/AIDS clients, HSPA Tobago 2006



### 3.4.3 ADVANCED-LEVEL TREATMENT OF OPPORTUNISTIC INFECTIONS AND PALLIATIVE CARE

As defined above, it is crucial that advanced services are available in public facilities to support and care for the later stages of AIDS infection. 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. Availability of protocols or guidelines for treating the common opportunistic infections in each service area is assessed (Figure 3.4.3).



Figure 3.4.3: Advanced care for HIV/AIDS clients: Medicines,<sup>69</sup> HSPA Tobago 2006

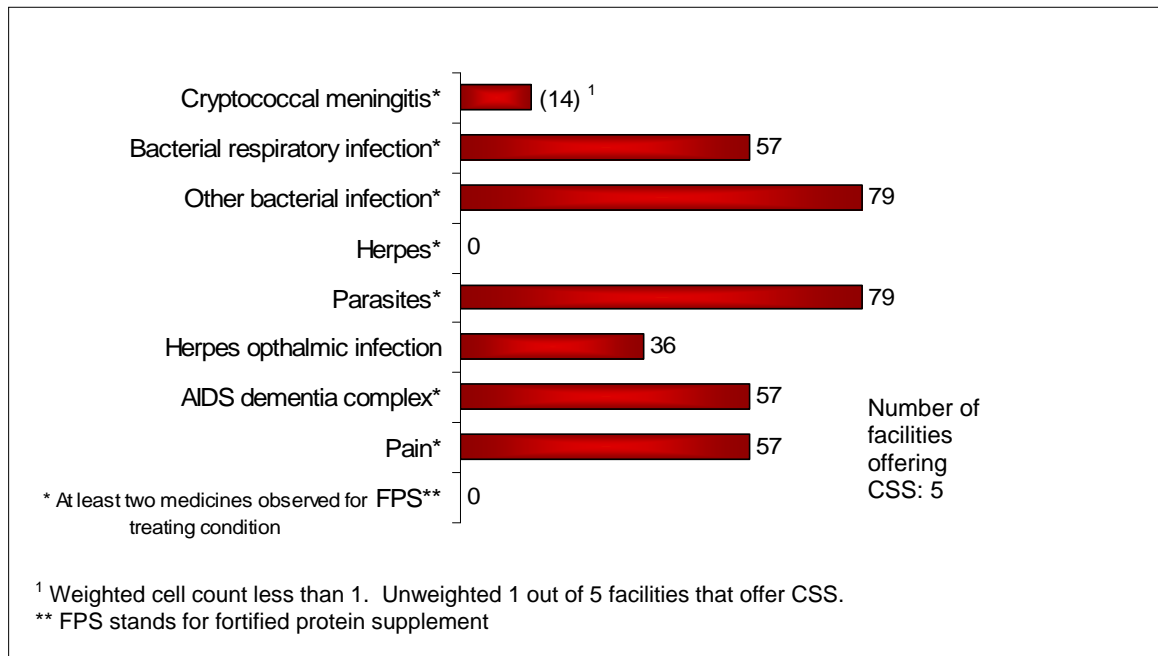


Figure 3.4.3 shows that the infections most commonly treated with at least two medicines in the five facilities offering CSS were “other bacterial infections” (79%) and parasites (79%). Fifty-seven percent of surveyed facilities had at least two indicated medicines to manage bacterial respiratory infections, AIDS dementia complex and pain. Thirty-six percent of facilities offered at least two medications to treat herpes ophthalmic infection. Fourteen percent (or one out five facilities unweighted) offered at least two medicines for cryptococcal meningitis. No facility offering CSS offered at least two medications for herpes or offered fortified protein supplement (FPS).

### 3.4.4 ANTIRETROVIRAL THERAPY (ART)

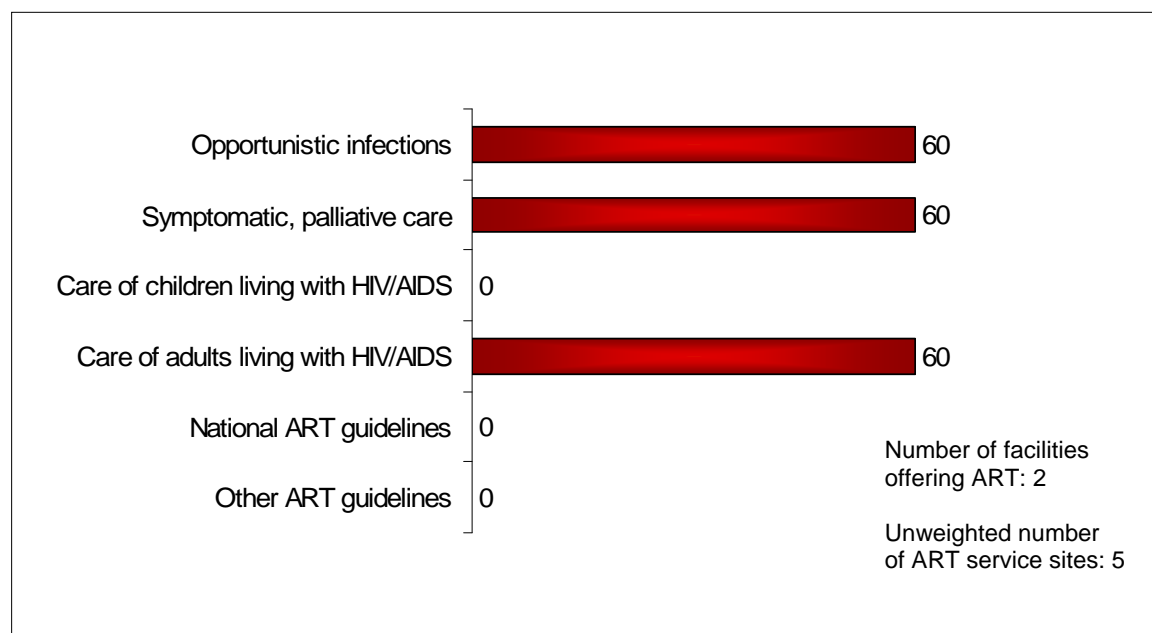
Several global and regional initiatives have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the PANCAP Strategic Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the United Nations General Assembly (UNGASS), the

<sup>69</sup> 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 cotrimoxazole  
 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, dipyron injectable, oral morphine)  
 Fortified protein supplement

“3x5” Initiative, Resolution CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO), GFATM (Global Fund to Fight AIDS, Tuberculosis, and Malaria) grants in the Caribbean Region, The World Bank and others. Scale-up to provide ART is moving along in many countries and as noted by PAHO, from January 2004 to June 2005, “the number of people under treatment rose from 196,000 to 304,415.” To address the steady increase in the demand for treatment there needs to be a high level of commitment and intensified action of countries in the region and heightened support from development partners.<sup>70</sup>

Despite the need for rapid scaling-up, there are still barriers in terms of human resources, costs, and limited equipment and supplies regulating appropriate policy development, management and strategic planning to fully offer treatment and care services to HIV and AIDS clients.<sup>71</sup> This survey can assist in identifying areas that need attention. Figure 3.4.4a uses weighted data to ensure correct proportional representation of national level results. Therefore, of the two ART service facilities, 60 percent (only one out of two facilities. Note that the result is due to weighting) of them had protocols/guidelines in opportunistic infections, symptomatic and palliative care, and care of adults living with HIV and AIDS in all ART service sites. Neither of the facilities offering ART had guidelines or protocols for treatment of children or national ART guidelines.

Figure 3.4.4a: Protocols and guidelines for antiretroviral combination therapy services, HSPA Tobago 2006



<sup>70</sup> PAHO. 2005. Access to care for people living with HIV AND AIDS. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee.

<sup>71</sup> Ibid.



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

The capacity to support antiretroviral combination therapy services with monitoring/tracking records and availability and security of ARVs is fairly good in Tobago. The weighted data show that all facilities offering ART services had at least one ARV available, had no ARV stock-outs in the past 6 months and had ARVs stored separately and locked. Forty percent (only one out of two facilities unweighted) had up-to-date stock cards and had the laboratory capacity for monitoring ART (Figure 3.4.4b).

Figure 3.4.4b: ARV stock and storage conditions, HSPA Tobago 2006

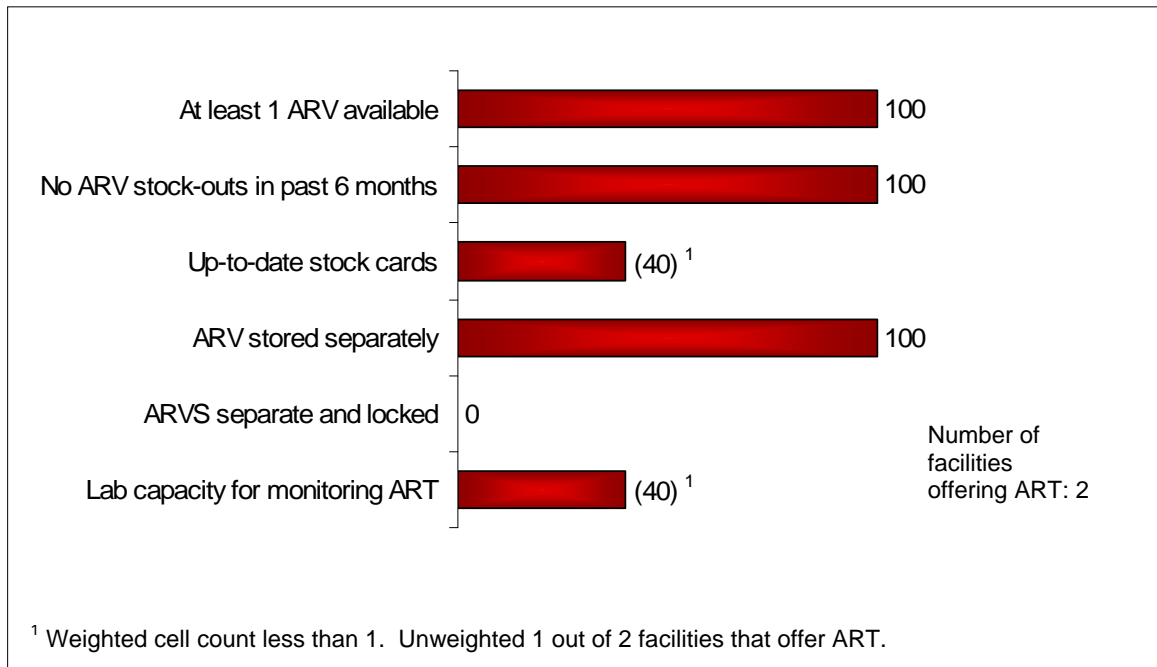
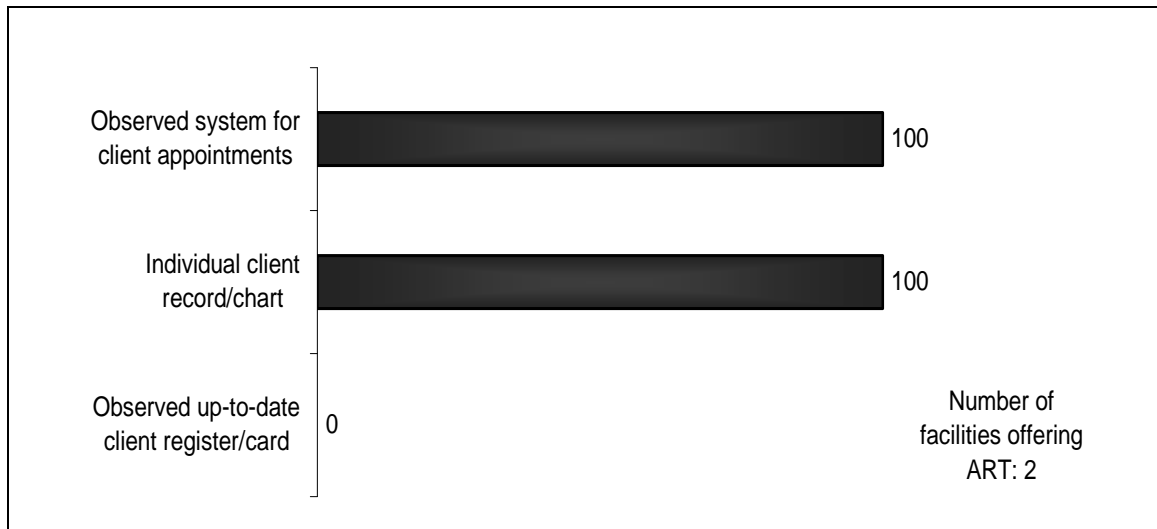


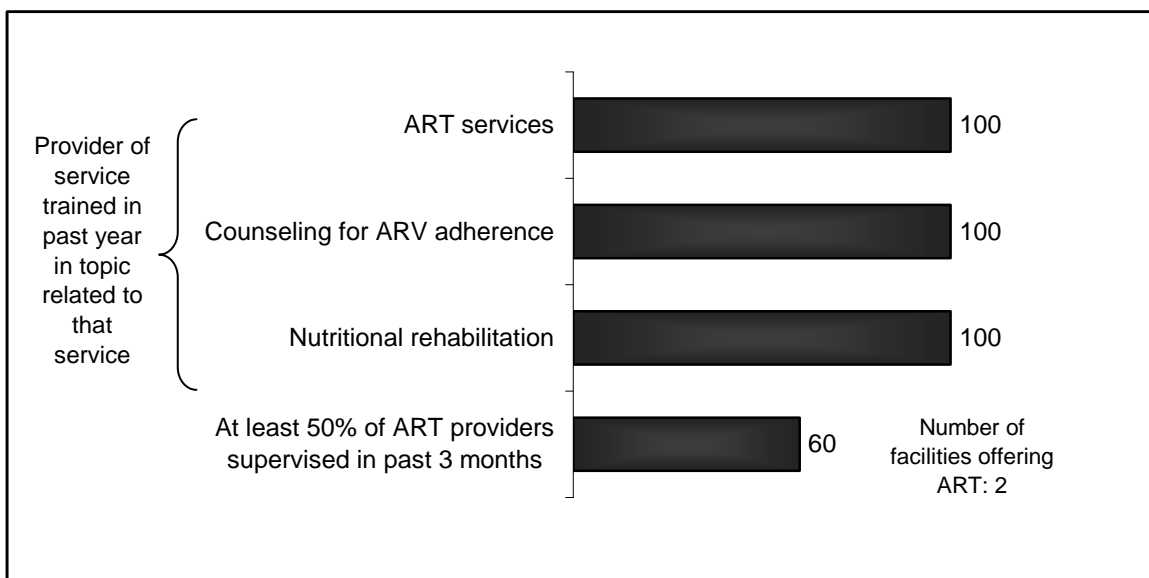
Figure 3.4.4c further assesses systems and items to support antiretroviral combination therapy services. The weighted data show that in both of facilities offering ART there was an observed system for client appointments and individual client records/charts. Neither of the facilities had an observed up-to-date client register/card.

Figure 3.4.4c: Systems and items to support antiretroviral combination therapy services, HSPA Tobago 2006



It was found that both of the facilities that offer ART had at least one interviewed provider of ART services who had related in-service training in the past year, both had a provider trained in counseling for adherence to ART within the past year, and both had at least one provider of nutritional rehabilitation with related in-service training in the past year. Sixty percent of facilities that offer ART had at least half of ART providers personally supervised in the last 3 months (Figure 3.4.4d).

Figure 3.4.4d: Management and Support for Health Service Providers of ART, HSPA Tobago 2006





### 3.4.5 POST-EXPOSURE PROPHYLAXIS (PEP)

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 to the general public, due to inadvertent exposure (such as rape victims). Even facilities that do not officially offer HIV- and AIDS-related services should have access to PEP, since it is frequently not known which clients may be infected. The location of sites at which PEP is available in Tobago is shown in Figure 3.4.5a. All of the public facilities reported provided PEP to providers.

Figure 3.4.5a: Availability of Post-Exposure Prophylaxis, HSPA Tobago 2006

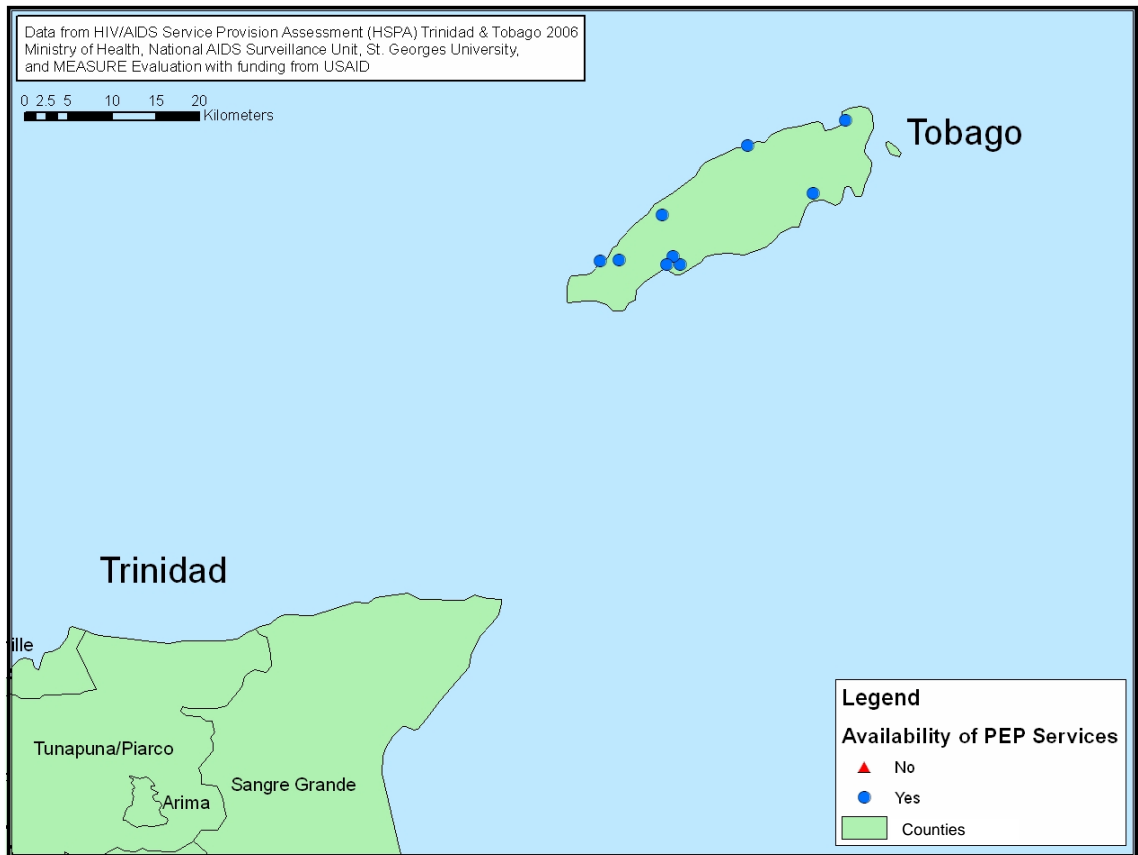
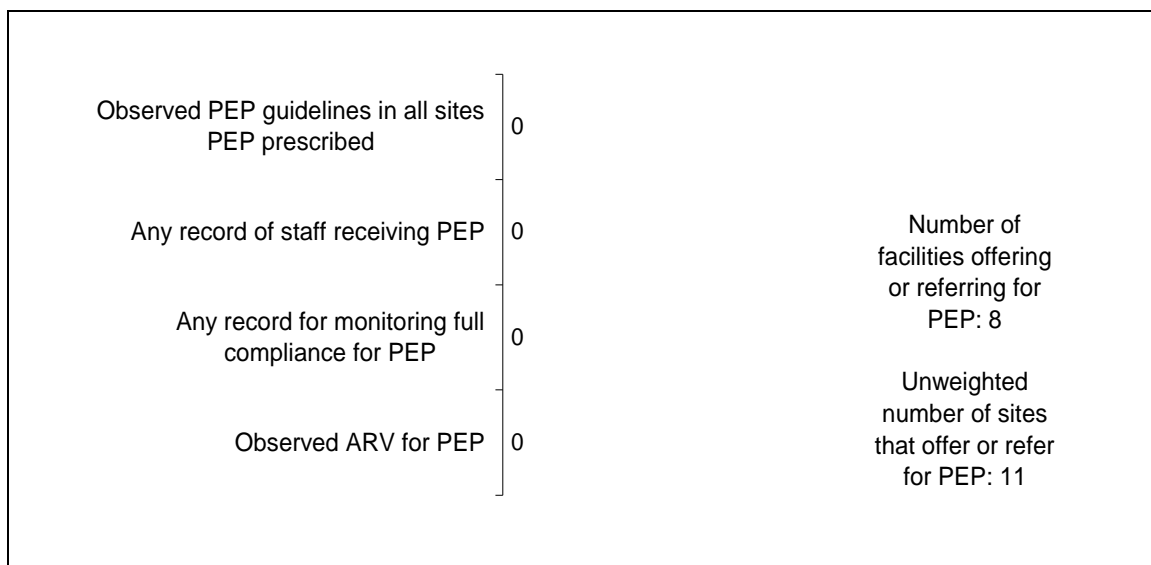


Figure 3.4.5b shows that among the facilities offering PEP or referring staff for PEP, none had observed PEP guidelines in all sites where PEP is prescribed, none had any record of staff receiving PEP, none had any record for monitoring full compliance for PEP and none had observed ARV for PEP. It was reported that PEP guidelines do indeed exist in Tobago with the National Infection Control Guidelines<sup>72</sup>.

<sup>72</sup> Notes from Tobago HSPA Stakeholder’s Meeting, July 2007.

Figure 3.4.5b: Post-Exposure Prophylaxis (PEP), HSPA Tobago 2006



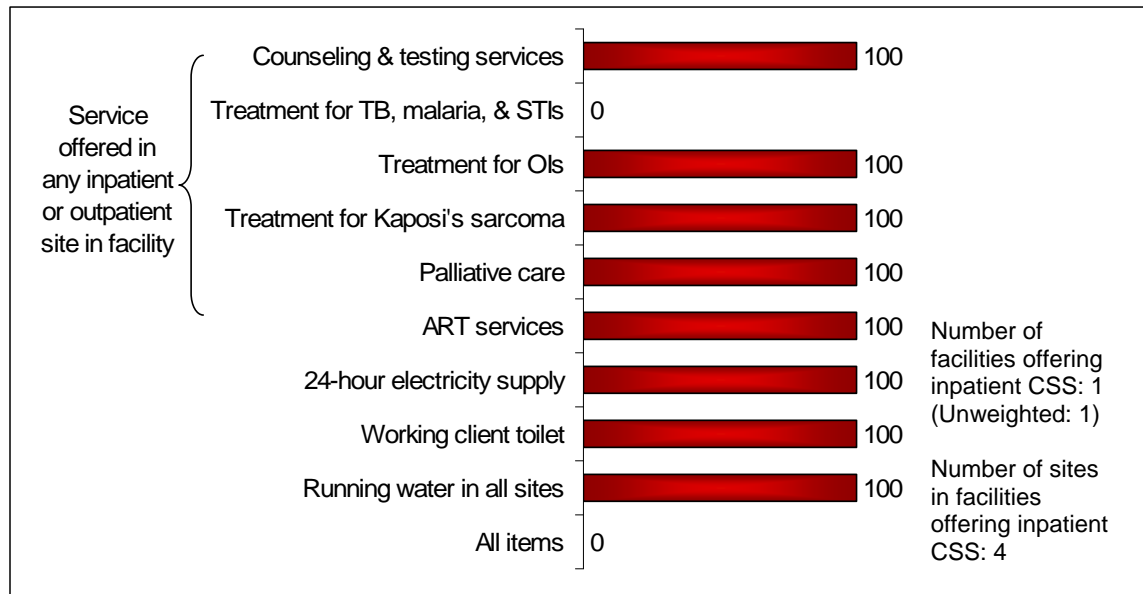
### 3.4.6 INPATIENT CARE AND SUPPORT SERVICES

The ability for a facility to provide inpatient services for clients needing advanced-level care is important for treating and supporting HIV and AIDS clients (Figure 3.4.6). In Tobago, there is one facility that offers inpatient CSS. This facility offers in all inpatient and outpatient sites: counseling and testing services, treatment for OIs, treatment for Kaposi's sarcoma, palliative care, and ART services. This facility does not provide treatment for TB, malaria and STIs.

Since the facility did provide treatment for TB, malaria and STIs (most lacking is malaria) then it did not meet the criteria for all items for the indicator. Nevertheless, all other items were met.



Figure 3.4.6: Services and Infrastructure for Inpatient Care for People Living with HIV/AIDS Needing Advanced Services, HSPA Tobago 2006



### 3.4.7 HOME-BASED CARE AND SUPPORT SERVICES

Home-based care provides support to PLHIV and their families. This includes medical care, counseling, social support (emotional, physical, financial and/or material) and other social services. Many home-based care programs are managed by community-based groups outside of the medical care establishment. Therefore, observing their services is beyond the scope of the HSPA. Although not all PLHIV need home-based care, most will need some aspect of home-based care during their lives.

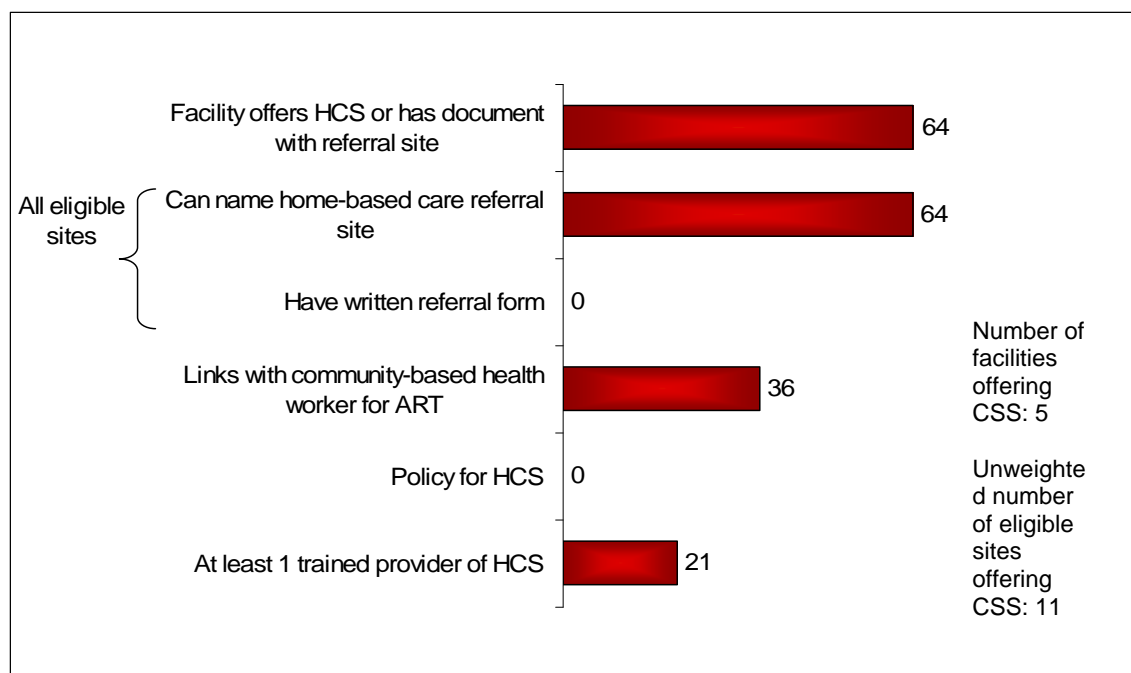
In countries where advanced-level care for HIV and AIDS patients is available, home-based care services are often part of the program, since it can be difficult for patients to transport themselves to a health care facility. Further, in some cases, this can be dangerous as well due to the extreme stigma and discrimination that a client might encounter if they have physical symptoms caused by AIDS.

Figure 3.4.7 indicates that—

- ▶ Sixty-four percent of public facilities offering CSS have a facility that offers home-based care (HC) or has documented a referral site.
- ▶ Sixty-four percent can name a home-based care referral site in all eligible sites.
- ▶ No facilities offering CSS have a written referral form in all eligible sites.
- ▶ Thirty-six percent of public facilities offering CSS also have links with community-based health workers for ART.

- ▶ No facilities offering CSS have a policy for home-based care services (HCS).
- ▶ Twenty-one percent of public facilities offering CSS have at least one trained provider of HCS.

Figure 3.4.7: Conditions to Support Home-based Care Services (HCS), HSPA Tobago 2006



### 3.4.8 PEDIATRIC AIDS CARE

In Tobago, it was reported that there are about 17 children on ART at the time of this report.<sup>73</sup> 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>74</sup>

For the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit provides care and support services and reports providing pediatric AIDS care. Table 3.4a (page 50) indicates that after weighting, 19 percent of public facilities offered pediatric AIDS services. Thirty six percent of public facilities that offer CSS had at least one provider of pediatric AIDS care who was trained in the past 3 years (Figure 3.4.1b, page 52).

<sup>73</sup> Notes from Tobago HSPA Dissemination Meeting, July 2007.

<sup>74</sup> The New Mexico AIDS InfoNet. Children and HIV. Available at [http://www.aidsinfonet.org/factsheet\\_detail.php?fsnumber=612](http://www.aidsinfonet.org/factsheet_detail.php?fsnumber=612) (accessed January 30, 2006).



### 3.4.9 NUTRITIONAL REHABILITATION SERVICES

A major cause of morbidity and mortality in PLHIV is unintentional loss of weight and lean body mass. The nutrition of HIV-infected persons and persons with AIDS is crucial to their longevity and ability to live positively. 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 complications; it promotes positive responses to medical treatment and improves the quality of life.<sup>75</sup>

Table 3.4a shows that 19 percent of facilities sampled offered nutritional rehabilitation services and eight percent (or one out of nine facilities unweighted) offered fortified protein supplementation along with nutritional rehabilitation services (Table 3.4a, page 50). Fifty seven percent of public facilities that offer CSS had at least one trained provider of nutritional rehabilitation for PLHIV who was trained in the past 3 years (Figure 3.4.1b, page 52)

### 3.5 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

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 and importance of family planning to prevent transmission
- ▶ Provision of prophylactic ARV to HIV-positive women and to their newborns (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.

In Tobago, one facility provides ARV treatment for HIV-positive pregnant women after delivery and provides follow-up to the clients. Two facilities give ARVs for preventive PMTCT. All other facilities refer the HIV-positive women to these facilities. ARVs for newborns are provided at the time of delivery. Approximately 99 percent of deliveries are in the one of the facilities that gives ARVs for preventive PMTCT.<sup>76</sup>

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<sup>75</sup> Food and Nutrition Technical Assistance Project. 2004 HIV/AIDS: A Guide for Nutritional Care and Support. 2nd Ed. Washington, DC: Academy for Educational Development.

<sup>76</sup> Notes from Tobago HSPA Stakeholder's Meeting, July 2007.

Figure 3.5 shows the location of PMTCT services. All nine of the public facilities offer PMTCT services. One of those nine, offers all of the items for PMTCT.

Figure 3.5: Location of PMTCT Services, HSPA Tobago 2006

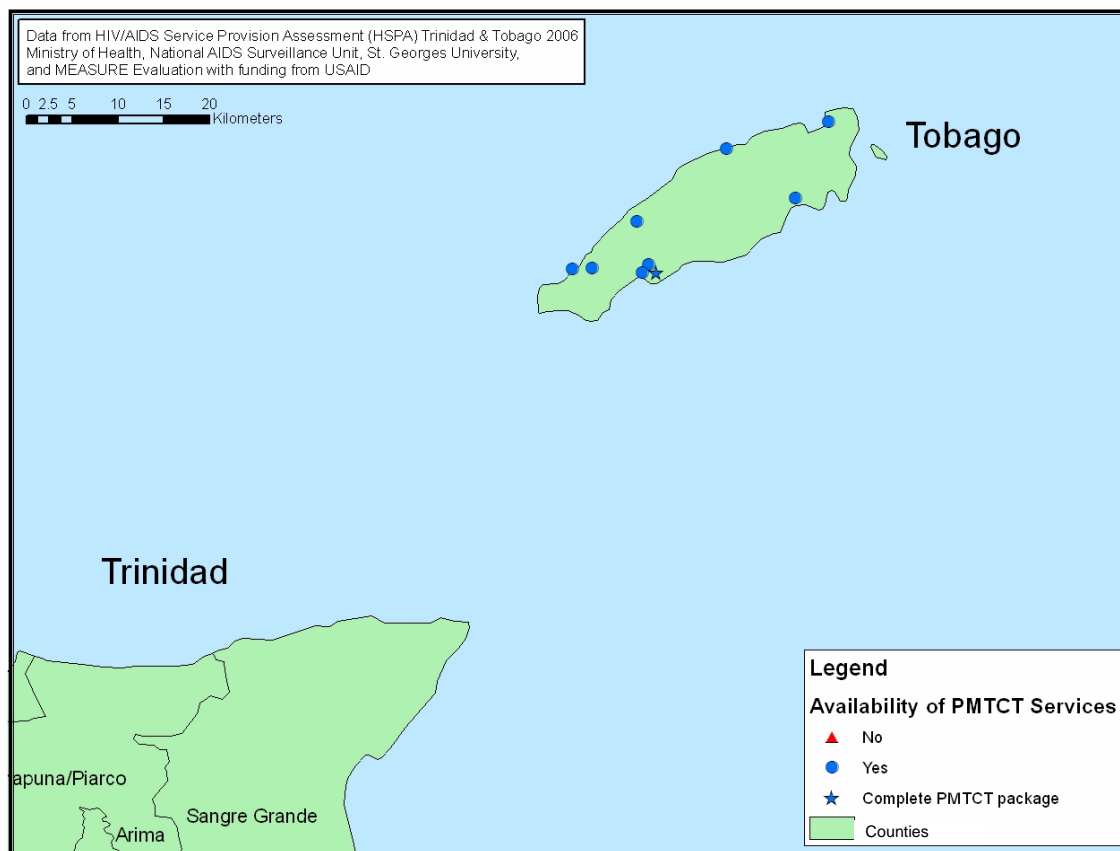


Table 3.5 presents data from the HSPA showing that only eight percent of facilities (one out of nine facilities unweighted) provided all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). Twelve percent of the sampled facilities offered PMTCT+ services, but none of the facilities had all items for PMTCT+.<sup>77</sup>

<sup>77</sup> PMTCT+ is defined as a facility having all components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.



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

Table 3.5: Availability of services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS at public facilities, HSPA Tobago 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>	Percentage 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>
9	9	10	89	(8) <sup>5</sup>	65	89	(8) <sup>5</sup>	12	0

<sup>1</sup> The reported number of sites is unweighted.

<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, and counseling and provision of family planning services.

<sup>3</sup> 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 PMTCT+ services.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of the 9 facilities offering any PMTCT services.

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

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### 4.1 OVERVIEW

A good HIV and AIDS records and reporting system allows 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 the dissemination of data to other countries in the region.<sup>78</sup>

In Trinidad and Tobago, HIV data are collected from the facility level by the Ministry of Health and the Regional Health Authorities. The raw HIV data are then managed and analyzed by the National Surveillance Unit (NSU) of the Ministry of Health. Oversight of the surveillance process is provided by the Surveillance and Research Subcommittee of the National AIDS Coordinating Committee.

The HSPA provides helpful information in routine data collection for HIV and AIDS which the countries, region and partners can learn from to target the most appropriate areas and understand the current situation.

### 4.2 ROUTINE DATA COLLECTION FOR HIV AND AIDS

Table 4.2 reports on routine data collection for HIV and AIDS that was assessed in the survey. It was found that none of the five facilities offering CSS was observed to have individual client records/charts in all eligible units or confidentiality guidelines in all eligible units. There are 11 service sites in the five CSS facilities. Thirty six percent of public facilities had a register to track HIV- and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit. This could be problematic, as care for PLHIV can be complicated and difficult to follow appropriately if clear and consistent records are not kept on clients, and the quality of patient care can be affected. Additionally, the government and programs may not be documenting the “full picture” of the epidemic and the number of clients being seen in their facilities.

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<sup>78</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



Table 4.2: Records for HIV/AIDS services in public facilities offering care and support services for HIV/AIDS clients, HSPA Tobago 2006

Number of facilities offering CSS for HIV and AIDS clients	Number of service sites in facilities offering CSS for HIV and AIDS clients <sup>1</sup>	Percentage of facilities with			
		Individual client record/chart observed in all eligible clinic/units	Register with HIV and AIDS related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit <sup>2</sup>	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
5	11	0	36	0	0

<sup>1</sup> The reported number of sites is unweighted.

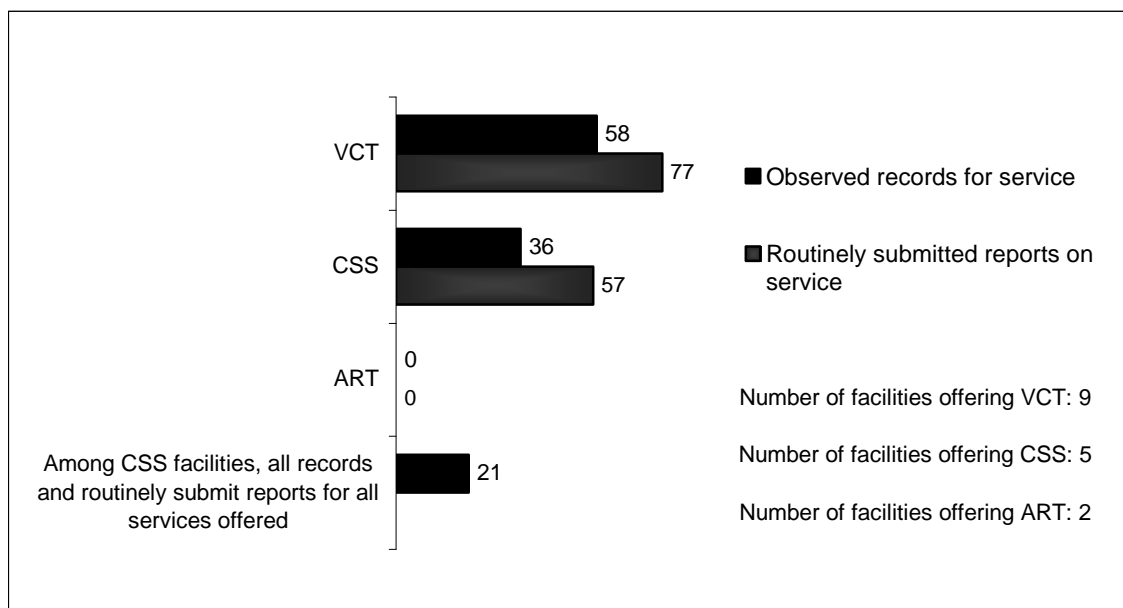
<sup>2</sup> Within facility where CSS are offered in any outpatient clinic/unit, at least one outpatient unit had an observed register with HIV and AIDS related client diagnoses and where CSS are offered in any inpatient unit; at least one inpatient unit had an observed register with HIV and AIDS related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

#### 4.2.1 RECORDS FOR CARE AND SUPPORT SERVICES

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. Fifty-eight percent of public facilities offering VCT, CSS or ART had observed records for counseling and testing (Figure 4.2.1). Seventy-seven percent of VCT facilities routinely submit reports. Thirty-six percent of CSS facilities observed records and 57 percent routinely submit reports.

Record-keeping and tracking clients receiving ART is also very important, not only for financial management and for anticipating program delivery costs, but also for donor reporting. Currently, records for individuals who are HIV-positive in Trinidad and Tobago are kept in a secure fire-proof safe at the National Surveillance Unit. None of the facilities that offer ART was observed to maintain records indicating the number of clients receiving ARV treatment nor was any facility observed to submit reports for ART services (Figure 4.2.1).

Figure 4.2.1: Facilities with record-keeping systems for monitoring HIV/AIDS care and support, HSPA Tobago 2006



Overall, 21 percent of the public CSS facilities offering VCT, CSS and/or ART had all records routinely submitted reports for all services offered.

#### 4.2.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

##### PMTCT

The greatest challenge to tracking PMTCT service delivery is in tracking ARV treatment among pregnant women. The HSPA found that none of the facilities offering any PMTCT services could provide records of all items for routine record-keeping for PMTCT services (Table 4.2.2a).

Fifty-eight percent of facilities offering PMTCT services had observed records of women who attended antenatal care clinics (ANC) and accepted HIV testing and received their HIV test results. None of the facilities had an observed record of women who received post-test counseling by serostatus or had records of HIV-positive pregnant women who were offered a complete ARV course for PMTCT. Although all facilities offer PMTCT services, none had all items for this indicator. This illustrates the need for greater record-keeping capacity among facilities offering PMTCT, not only for reporting but also for planning, programmatic, and advocacy needs.



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

Table 4.2.2a: Availability of service records for PMTCT services among public facilities that offer any PMTCT services, HSPA Tobago 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>	Percentage 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 offered a complete ARV course for PMTCT	All items for indicator
9	9	10	58	58	0	0	0

<sup>1</sup> Number of sites is unweighted.

### PMTCT+

All elements for PMTCT+ services have been defined to include counseling and testing (CT) services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning, 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. Of the nine public facilities, one facility offers PMTCT+ services. That facility did not keep available records of HIV-positive pregnant women who receive ARVs and did not have all elements and records of PMTCT+ (Table 4.2.2b).

Table 4.2.2b: Availability of service records for PMTCT+ services<sup>1</sup> among those public facilities that offer any PMTCT+ services, HSPA Tobago 2006

Number of facilities	Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services <sup>2</sup>	Percentage of facilities		
			Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+ <sup>3</sup>	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit
9	1	1	0	0	0

<sup>1</sup> Facility offers ARV therapy for HIV infected women and their families.

<sup>2</sup> Number of sites is unweighted.

<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).

Donor reporting, and very importantly, National HIV and AIDS program planning and financial management rely on accurate record-keeping.

## CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES (YFS)

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### 5.1 OVERVIEW

The youth population in the Caribbean is becoming increasingly susceptible to HIV and AIDS. According to several sources, “the face of HIV in the region has become increasingly young and female”.<sup>79</sup> Also, CAREC notes in the Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic from 1982-2002 that “73 percent of cases diagnosed are between 15 and 44 years, with close to 50 percent 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>80</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 youth-friendly services that are available, and if there are any written policies or guidelines for the YFS available and whether or not specific staff has received training in providing YFS. The HSPA also asked if YFS included a separate room for YFS and if there are discounts or waived fees for youth to make services more accessible.

### 5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

The HSPA found that there is one facility in Tobago with youth-friendly HIV testing services (YFS) (Table 5.2). This facility has at least one trained provider in youth-friendly HIV testing services. Having YFS sites/facilities available is paramount to reaching this at-risk population. Trinidad and Tobago, as other countries in the Caribbean, should also consider how to adapt, enhance and scale-up prevention programs. For example, programs might look to research findings based on the program experiences in Haiti. Although Haiti has a very different epidemiologic picture from Tobago, there are youth programs highlighting the importance of programmatic impact on behavior changes such as communication skills around sexual negotiation and building on social norms around prevention activities. These may be effective in preventing HIV infection in young people.<sup>81</sup> Further, targeting these strategies at young women and designing youth-friendly facilities/health services with a gendered lens is also imperative as the trend in HIV infection in the region is turning more towards young women.<sup>82</sup>

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<sup>79</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. .

<sup>80</sup> CAREC. 2004.

<sup>81</sup> Holschneider, S., C. S. Alexander. 2003. Social and psychological influences on HIV preventive behaviors of youth in Haiti. *Journal of Adolescent Health*. 33, 31–40.

<sup>82</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.



Table 5.2: Youth-friendly services for HIV/AIDS among public facilities, HSPA Tobago 2006

Number of facilities with an HIV testing system	Number of facilities with youth-friendly HIV testing services	Percentage of facilities with		
		Observed policy/guidelines for YFS	At least one trained provider for YFS <sup>1</sup>	All items for indicator <sup>2</sup>
9	1	0	100	0

<sup>1</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>2</sup>Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS.

Youth-friendly HIV prevention services may prove essential to curbing the epidemic. It is crucial to reach young people early, “before adolescents start developing lifelong sexual habits.”<sup>83</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.

<sup>83</sup> Ibid.

## CHAPTER 6: CONCLUSION

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The HSPA provides a mechanism for assessing capacity, availability of services, and training needs related to the goals of the Republic of Trinidad and Tobago NSP, which are to—

1. Reduce the incidence of HIV infections in Trinidad and Tobago
2. Mitigate the negative impact of HIV and AIDS on persons infected and affected in Trinidad and Tobago.

The HSPA data are useful in identifying needs and existing capacities with which to build on in order to address these goals as well as the five priority program areas of the NSP:

- ▶ Prevention
- ▶ Treatment, Care and Support
- ▶ Advocacy and Human Rights
- ▶ Surveillance and Research
- ▶ Program Management, Coordination and Evaluation.

Data from the HSPA pinpoint areas for further capacity building, particularly in program implementation monitoring, data management, and tracking ongoing advocacy, rights and policy developments. There is a need in Tobago for scale-up of policies and guidelines for certain HIV and AIDS services. For example, even though 58 percent of facilities with an HIV testing system have an observed written policy for provision of pre- and post-test counseling, only 12 percent offer informed consent policies, guidelines for content of pre- and post-test counseling and a policy on confidentiality. In facilities that offer CSS, there are no protocols and guidelines to support care of children living with HIV and AIDS.

Data from the HSPA show that there is an overall need for better record-keeping in facilities that provide HIV and AIDS services. For example, no up-to-date records were observed for pre- and post-test counseling in facilities with an HIV testing system. There was no observed client register in facilities that offer TB services. Among facilities that offer VCT, CSS and/or ART, there were a high percentage of facilities that routinely submit reports on VCT (77%) and had observed records for VCT (58%). In regards to facilities offering ART, however, there were no observed records for ART or reports routinely submitted on ART.

Data from the HSPA highlight specific strengths and weaknesses in: comprehensive care for persons living with HIV and AIDS; the availability and level of service for care and support services 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. Provision of STI services, palliative care and treatment for OIs is widely available in public facilities. All facilities surveyed offer STI services and 79 percent of facilities that offer CSS for HIV and AIDS clients offer



## CHAPTER 6: CONCLUSION

treatment for OIs and offer palliative care. There are opportunities to strengthen TB services in Tobago. One facility offers TB diagnosis using sputum or x-ray; however, this facility did not meet the requirement for a complete system for diagnosis using sputum or x-ray. Nosocomial infection prevention practices are well established in Tobago, with 92 percent of public facilities having all the items for infection control. There is also an opportunity to strengthen ART services. Only 19 percent (or two facilities unweighted) of public facilities offer ART. In addition, there is an opportunity to increase human capacity for providing ART. In facilities that provide ART, there were three providers trained in prescribing ART and two providers trained in medical follow up for ART and ordering/prescribing laboratory tests for monitoring ART.

Of 59 health care providers interviewed in public facilities, 75 percent displayed a positive attitude toward PLHIV. This is a high percentage; however, the NACC would do well to reduce providers' stigma by educating them about HIV and AIDS.

Tobago has a strong HIV testing system. All of the public facilities surveyed have an HIV testing system in place, and 89 percent of those facilities have at least one counselor trained in pre- and post-test counseling. As stated earlier, there is a need, however for more policies and guidelines regarding confidentiality and counseling content in facilities with an HIV testing system. None of the facilities with an HIV testing system met all the requirements for a comprehensive HIV testing system. In addition, out of the nine facilities surveyed, one facility with an HIV testing system met the requirement for a youth-friendly service and had at least one trained provider for YFS.

As discussed in Section 3.5, there is an opportunity to scale up PMTCT services in Tobago. All facilities offered PMTCT services, although only one out of nine facilities provided the minimum package for PMTCT. Twelve percent of public facilities offered PMTCT+ services, however, none of these facilities fully met the requirement for PMTCT+ services.

Tobago's health care system has a strong base from which to build. A targeted response to the findings in the HSPA can help Tobago to meet its national strategic goals.

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## APPENDIX A: TABLES

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**Table 1.1 System for testing and for offering results for HIV test**

Percentage of facilities<sup>1</sup> with an HIV testing system, and among these, percentage with the indicated items for counseling and testing (CT), by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities with HIV testing system <sup>2</sup>	Number of facilities	Percentage of facilities with indicated items:				Number of facilities with HIV testing system	Number of service sites <sup>6</sup> with HIV testing system	
			HIV test available in facility or affiliated lab	HIV test available or observed record of results for testing conducted outside facility	Item observed in all relevant service sites in the facility				All items for indicator <sup>5</sup>
					Informed consent policy for HIV testing observed in all relevant service sites <sup>3</sup>	Observed register with HIV test results			
<b>Facility Type</b>		<sup>7</sup>							
Hospital	(100) <sup>8</sup>	<sup>7</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	0	0	0	<sup>9</sup>	
Health Center	100	8	0	100	0	43	29	0	
Laboratory	100	1	100	100	(50) <sup>11</sup>	100	100	(50) <sup>11</sup>	
Other	100	1	100	100	100	0	0	0	
<b>Authority</b>									
Government	100	9	19	100	12	35	23	0	
Non-governmental	100	2	100	100	(50) <sup>12</sup>	100	100	(50) <sup>12</sup>	
<b>Tier</b>									
Advanced	100	2	100	100	(33) <sup>13</sup>	67	67	(33) <sup>13</sup>	
Basic	100	9	13	100	13	38	25	0	
<b>Total</b>	<b>100</b>	<b>11</b>	<b>30</b>	<b>100</b>	<b>17</b>	<b>43</b>	<b>33</b>	<b>(7)<sup>14</sup></b>	

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.  
<sup>1</sup> Facility is used to describe any health service facility or other non-home based site where services related to HIV/AIDS are offered.  
<sup>2</sup> Facility either conducts the test, has an affiliated external laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.  
<sup>3</sup> If national VCT guidelines are present, this is accepted as having a confidentiality policy, as this is specified in the guidelines.  
<sup>4</sup> If rapid test is done, record with client identifier and results is sufficient.  
<sup>5</sup> HIV test available or records showing test results are received by facility, and informed consent policy in all relevant service sites, and observed register with HIV test results and observed register for clients receiving HIV test results.  
<sup>6</sup> Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site. The number of sites reported is unweighted.  
<sup>7</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.  
<sup>8</sup> Weighted cell count less than 1. Unweighted 1 out of 1 hospital.  
<sup>9</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital with an HIV testing system.  
<sup>10</sup> Weighted cell count less than 1. Unweighted 1 out of 1 hospital with an HIV testing system.  
<sup>11</sup> Weighted cell count less than 1. Unweighted 1 out of 2 labs with an HIV testing system.  
<sup>12</sup> Weighted cell count less than 1. Unweighted 1 out of 2 non-governmental facilities with an HIV testing system.  
<sup>13</sup> Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities with an HIV testing system.  
<sup>14</sup> Weighted cell count less than 1. Unweighted 1 out of 11 facilities.

**Table 1.2 Systems and qualified staff for pre and post test counseling**

Among facilities with a system for HIV testing, percentage with indicated components for counseling and testing (CT) services, by background characteristics, Tobago SPA 2006

Background characteristics	Percentage of facilities where:										Number of facilities with HIV testing system <sup>4</sup>	Number of service sites with HIV testing system <sup>5</sup>
	Facility has observed written policy for routine provision of pre and post test counseling for HIV testing <sup>1</sup>	Facility has at least one counselor trained in pre and post test counseling assigned to a HIV testing site	Item in all eligible sites				All items for indicator <sup>3</sup>					
			Observed guidelines for content of pre and post test counseling <sup>2</sup>	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record in each relevant unit for clients receiving pre and post test counseling	Observed system linking test results with pre and post test counseling		Visual and auditory privacy possible in all counseling areas				
<b>Facility Type</b>												
Hospital	0	(100) <sup>7</sup>	0	0	0	0	0	0	0	0	* <sup>6</sup>	7
Health Center	57	86	0	0	0	0	0	0	14	0	8	20
Laboratory	0	100	0	0	0	0	0	0	100	0	1	2
Other	100	100	100	100	0	0	0	0	100	0	1	2
<b>Authority</b>												
Government	58	89	12	12	0	0	0	0	23	0	9	29
Non-governmental	0	100	0	0	0	0	0	0	100	0	2	2
<b>Tier</b>												
Advanced	0	100	0	0	0	0	0	0	67	0	2	9
Basic	63	88	13	13	0	0	0	0	25	0	9	22
<b>Total</b>	<b>50</b>	<b>90</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>11</b>	<b>31</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>Policy was observed in any relevant service site. Presences of National Guidelines for VCT, PMTCT, or ART were accepted as having a policy.

<sup>2</sup>Pre test counseling may consist of general education for groups or individual client counseling.

<sup>3</sup>Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, and visual and auditory privacy in all counseling areas.

<sup>4</sup>Facility either conducts the test, or has an affiliated external laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

<sup>5</sup>Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site. Note that the number of sites is unweighted.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital with an HIV testing system.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 1 hospital with an HIV testing system.

**Table 1.3a Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS)**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS strategy	Number of sites offering CSS and TB service using DOTS strategy <sup>4</sup>	
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</sup>		Observed client register for DOTS	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>			
<b>Facility Type</b>													
Hospital	(100) <sup>6</sup>	* <sup>5</sup>	0	0	0	* <sup>7</sup>	na	na	na	na	0	0	0
Health Center	43	8	33	0	0	3	na	na	na	na	0	0	0
Laboratory	0	1	na	na	na	0	na	na	na	na	na	na	na
Other	100	1	100	0	0	1	na	na	na	na	0	0	0
<b>Authority</b>													
Government	54	9	43	0	0	5	na	na	na	na	0	0	0
Non-governmental	0	2	na	na	na	0	na	na	na	na	na	na	na
<b>Tier</b>													
Advanced	(33) <sup>8</sup>	2	0	0	0	* <sup>9</sup>	na	na	na	na	0	0	0
Basic	50	9	50	0	0	4	na	na	na	na	0	0	0
<b>Total</b>	<b>47</b>	<b>11</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>2</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.

<sup>4</sup>The reported number of sites is unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>7</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>9</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

**Table 1.3b Treatment, and/or follow-up for tuberculosis**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients and any tuberculosis (TB) treatment services, percentage having indicated components for management of TB, by background characteristics, Tobago SPA 2006.

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage reporting they follow indicated treatment strategy <sup>1</sup>				Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage with				Number of facilities offering CSS for HIV/AIDS clients and offering any TB services	Number of sites offering CSS and TB service <sup>7</sup>
	DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>			
<b>Facility Type</b>										
Hospital	na	na	na	na	na	na	na	na	0	0
Health Center	0	100	0	0	100	100	0	0	1	1
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	0	100	0	0	0	0	0	0	1	1
<b>Authority</b>										
Government	0	100	0	0	50	50	0	0	2	2
Non-governmental	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>										
Advanced	na	na	na	na	na	na	na	na	0	0
Basic	0	100	0	0	50	50	0	0	2	2
<b>Total</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>More than one treatment strategy may apply if facility offers TB services from multiple sites.

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

<sup>3</sup>Site provides follow-up for TB clients, after intensive treatment offered elsewhere.

<sup>4</sup>Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

<sup>5</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>6</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.

<sup>7</sup>The reported number of sites is unweighted.

**Table 1.3c Resources and supplies for diagnosing tuberculosis**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage diagnosing (TB), and percentage with the indicated diagnostic elements, by background characteristics, Tobago SPA 2006.

Background characteristic	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB diagnostic activities			Number of facilities offering CSS for HIV/AIDS clients	TB diagnosis using sputum			TB diagnosis using X-ray	
	Any TB diagnostic or treatment services <sup>1</sup>	Use sputum for TB diagnosis <sup>2</sup>	Use X-ray for TB diagnosis		Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum <sup>2</sup> , percentage with:	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray	
									All items for conducting sputum test for TB
<b>Facility Type</b>									
Hospital	0	0	0	* <sup>5</sup>	na	na	na	na	0
Health Center	33	33	33	3	0	0	0	0	1
Laboratory	na	na	na	0	na	na	na	na	na
Other	100	0	0	1	na	na	na	na	0
<b>Authority</b>									
Government	43	21	21	5	0	0	0	0	1
Non-governmental	na	na	na	0	na	na	na	na	na
<b>Tier</b>									
Advanced	0	0	0	* <sup>6</sup>	na	na	na	na	0
Basic	50	25	25	4	0	0	0	0	1
<b>Total</b>	<b>43</b>	<b>21</b>	<b>21</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

**Table 1.3d Malaria diagnosis and treatment**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage offering malaria treatment, and among those, percentage having the indicated components for supporting services for malaria, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and malaria services, percentage with			Number of facilities offering CSS for HIV/AIDS clients and offering of malaria treatment services	Within facilities offering CSS for HIV/AIDS clients, number of service sites offering malaria treatment services <sup>1</sup>
			Observed malaria treatment protocol in all relevant units	Any anti-malarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility		
<b>Facility Type</b>							
Hospital	0	* <sup>2</sup>	na	na	0	0	
Health Center	0	3	na	na	0	0	
Laboratory	na	0	na	na	na	na	
Other	0	1	na	na	0	0	
<b>Authority</b>							
Government	0	5	na	na	0	0	
Non-governmental	na	0	na	na	na	na	
<b>Tier</b>							
Advanced	0	* <sup>3</sup>	na	na	0	0	
Basic	0	4	na	na	0	0	
<b>Total</b>	<b>0</b>	<b>5</b>	na	na	<b>0</b>	<b>0</b>	

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

**Table 1.3e Diagnosis and treatment for sexually transmitted infections**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for sexually transmitted infections (STIs), and among these, percentage having the indicated components to support services for STIs, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities that offer STI services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI services, with				Number of facilities offering CSS for HIV/AIDS clients and offering STI treatment services	Within facilities offering CSS for HIV/AIDS clients, number of sites offering STI treatment <sup>3</sup>
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility <sup>1</sup>	Condoms in any service area or pharmacy	All items for STI services <sup>2</sup>		
<b>Facility Type</b>								
Hospital	(100) <sup>5</sup>	* <sup>4</sup>	0	(100) <sup>7</sup>	0	0	* <sup>6</sup>	4
Health Center	100	3	33	67	100	0	3	3
Laboratory	na	0	na	na	na	na	na	na
Other	100	1	0	0	100	0	1	1
<b>Authority</b>								
Government	100	5	21	57	86	0	5	8
Non-governmental	na	0	na	na	na	na	na	na
<b>Tier</b>								
Advanced	(100) <sup>9</sup>	* <sup>8</sup>	0	(100) <sup>11</sup>	0	0	* <sup>10</sup>	4
Basic	100	4	25	50	100	0	4	4
<b>Total</b>	<b>100</b>	<b>5</b>	<b>21</b>	<b>57</b>	<b>86</b>	<b>0</b>	<b>5</b>	<b>8</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).

<sup>2</sup>Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

<sup>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS and STI treatment.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS and STI treatment.

<sup>8</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

<sup>10</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS and STI treatment.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS and STI treatment.

**Table 1.3f Supportive management practices for health service providers who treat infections relevant to HIV/AIDS**

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated conditions to support health service providers, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with:		Number of facilities offering CSS for HIV/AIDS clients
			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	
<b>Facility Type</b>	(100) <sup>3</sup>	* <sup>2</sup>	(100) <sup>5</sup>	(100) <sup>5</sup>	* <sup>4</sup>
Hospital	43	8	33	0	3
Health Center	0	1	na	na	0
Laboratory	100	1	100	0	1
Other					
<b>Authority</b>					
Government	54	9	57	36	5
Non-governmental	0	2	na	na	0
<b>Tier</b>					
Advanced	(33) <sup>6</sup>	2	(100) <sup>8</sup>	(100) <sup>8</sup>	* <sup>7</sup>
Basic	50	9	50	25	4
<b>Total</b>	<b>47</b>	<b>11</b>	<b>57</b>	<b>36</b>	<b>5</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services (Tables 1.3b, 1.3d, 1.3e, 1.3f).

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>7</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

**Table 1.4a Elements for preventing nosocomial infections**

Among all facilities, percentage with the indicated infection control elements in all relevant service delivery sites, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities with indicated items for infections control present in all relevant service areas <sup>1</sup>						Number of facilities	Number of eligible service sites <sup>2</sup>
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service areas		
<b>Facility Type</b>								
Hospital	(100) <sup>4</sup>	0	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	0	* <sup>3</sup>	21
Health Center	100	100	100	100	100	100	8	36
Laboratory	100	100	100	100	100	100	1	5
Other	100	100	100	100	100	100	1	4
<b>Authority</b>								
Government	100	92	100	100	100	92	9	61
Non-governmental	100	100	100	100	100	100	2	5
<b>Tier</b>								
Advanced	100	67	100	100	100	67	2	26
Basic	100	100	100	100	100	100	9	40
<b>Total</b>	<b>100</b>	<b>93</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>93</b>	<b>11</b>	<b>66</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>All eligible service sites within a facility are the sum of all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, plus the blood drawing area in the lab.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital.

**Table 1.4b Availability of stock elements for preventing nosocomial infections**

Among all facilities, percentage with the indicated infection control elements, by background characteristics, Tobago SPA 2006

Background characteristic	Percentage of facilities with functioning equipment for sterilization or high level disinfecting	Percentage of facilities with stock supplies for infection control present		Percentage of facilities with latex gloves at any site in facility	Percentage of facilities with all items present <sup>1</sup>	All items for indicator <sup>2</sup>	Number of facilities
		Disinfectant (bleach)	Needles/syringes				
<b>Facility Type</b>							
Hospital	(100) <sup>4</sup>	(100) <sup>4</sup>	0	(100) <sup>4</sup>	0	0	* <sup>3</sup>
Health Center	86	0	0	100	0	0	8
Laboratory	(50) <sup>5</sup>	0	0	100	0	0	1
Other	0	100	100	100	100	0	1
<b>Authority</b>							
Government	77	19	12	100	12	0	9
Non-governmental	(50) <sup>6</sup>	0	0	100	0	0	2
<b>Tier</b>							
Advanced	67	(33) <sup>7</sup>	0	100	0	0	2
Basic	75	13	13	100	13	0	9
<b>Total</b>	<b>73</b>	<b>17</b>	<b>10</b>	<b>100</b>	<b>10</b>	<b>0</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>Disinfectant, needles and syringes, and latex gloves are available in facility stores.

<sup>2</sup>Soap, running water, sharps box, disinfecting solution and latex gloves in all relevant service areas within facility, and disinfectant, needles/syringes and latex gloves are in stock, and facility has functioning equipment for sterilization or high level disinfecting.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 2 labs.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 2 non-governmental facilities.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

**Table 1.4c Additional items for prevention of nosocomial infections**

Percentage of facilities with indicated elements for prevention of infections, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities with:			Number of facilities
	Observed guidelines for infection prevention in any assessed site in facility	Observed guidelines for sterilization/high level disinfection in any assessed site in facility	Adequate disposal system for hazardous waste for all assessed sites <sup>1</sup>	
<b>Facility Type</b>				
Hospital	0	0	(100) <sup>3</sup>	* <sup>2</sup>
Health Center	71	57	100	8
Laboratory	0	0	(50) <sup>4</sup>	1
Other	100	0	100	1
<b>Authority</b>				
Government	69	46	100	9
Non-governmental	0	0	(50) <sup>5</sup>	2
<b>Tier</b>				
Advanced	0	0	67	2
Basic	75	50	100	9
<b>Total</b>	<b>60</b>	<b>40</b>	<b>93</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.  
<sup>1</sup>Hazardous waste is incinerated, burned and buried, or removed onsite, and there is no unprotected hazardous waste observed.  
<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.  
<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.  
<sup>4</sup>Weighted cell count less than 1. Unweighted 1 out of 2 labs.  
<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 2 non-governmental facilities.

**Table 1.5a Elements to support quality treatment for opportunistic infections**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for opportunistic infections (OIs) and, among these, percentage with the indicated components for offering service, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and offering treatment for opportunistic infections (OIs)	Number of facilities	Percentage of facilities offering CSS for HIV/AIDS clients with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites <sup>1</sup>
				Observed protocol for treating opportunistic infections present in all OI treatment service sites	At least one provider of OI services received training related to OIs in the past 3 years		
<b>Facility Type</b>	(100) <sup>3</sup>	(100) <sup>3</sup>	* <sup>2</sup>				
Hospital	43	29	8	0	(100) <sup>5</sup>	* <sup>4</sup>	7
Health Center	0	0	1	0	na	2	2
Laboratory	100	100	1	100	100	0	0
Other			1			1	1
<b>Authority</b>							
Government	54	42	9	27	73	4	10
Non-governmental	0	0	2	na	na	na	na
<b>Tier</b>							
Advanced	(33) <sup>6</sup>	(33) <sup>6</sup>	2	0	(100) <sup>8</sup>	* <sup>7</sup>	7
Basic	50	38	9	33	67	3	3
<b>Total</b>	<b>47</b>	<b>37</b>	<b>11</b>	<b>27</b>	<b>73</b>	<b>4</b>	<b>10</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS and treatment for OIs.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS and treatment for OIs.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>7</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS and treatment for OIs.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS and treatment for OIs.

**Table 1.5b Availability of treatments for opportunistic infections and palliative care**

Among facilities offering care and support services (CSS) for HIV/AIDS clients and offering treatment for opportunistic infections (OIs) associated with HIV/AIDS, percentage with medicines for treating the indicated conditions, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients with at least one medicine for managing the indicated conditions or with the indicated item										Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites <sup>9</sup>	
	Topical fungal infection <sup>1</sup>	Bacterial pneumonia <sup>2</sup>	Other bacterial infections <sup>3</sup>	Vitamin supplementation <sup>4</sup>	Management of chronic diarrhea <sup>5</sup>	Basic management of pain <sup>6</sup>	De-worming <sup>7</sup>	Intravenous fluid for rehydration <sup>8</sup>	Oral rehydration salts				
<b>Facility Type</b>													
Hospital	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	0	(100) <sup>11</sup>	(100) <sup>11</sup>	* <sup>10</sup>	7		
Health Center	100	100	100	100	0	100	0	100	100	2	2		
Laboratory	na	na	na	na	na	na	na	na	na	0	0		
Other	0	0	100	0	0	0	0	0	0	1	1		
<b>Authority</b>													
Government	73	73	100	73	(18) <sup>12</sup>	73	0	73	73	4	10		
Non-governmental	na	na	na	na	na	na	na	na	na	0	0		
<b>Tier</b>													
Advanced	(100) <sup>14</sup>	(100) <sup>14</sup>	(100) <sup>14</sup>	(100) <sup>14</sup>	(100) <sup>14</sup>	(100) <sup>14</sup>	0	(100) <sup>14</sup>	(100) <sup>14</sup>	* <sup>13</sup>	7		
Basic	67	67	100	67	0	67	0	67	67	3	3		
<b>Total</b>	<b>73</b>	<b>73</b>	<b>100</b>	<b>73</b>	<b>(18)<sup>15</sup></b>	<b>73</b>	<b>0</b>	<b>73</b>	<b>73</b>	<b>4</b>	<b>10</b>		

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>Fluconazole or clotrimazole or ketoconazole or nystatin or Violel of Gentian.

<sup>2</sup>Amoxicillin or ampicillin or chloramphenicol

<sup>3</sup>Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin

<sup>4</sup>Iron or any multivitamin

<sup>5</sup>Loperamide or diphenylate or oral codeine

<sup>6</sup>Paracetamol or aspirin or ibuprofen

<sup>7</sup>Albendazole or mebendazole

<sup>8</sup>Normal saline or D5NS or ringers lactate or plasma expanders

<sup>9</sup>The reported number of sites is unweighted.

<sup>10</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS and treatment for OIs.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS and treatment for OIs.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 4 government facilities that offer CSS and treatment for OIs.

<sup>13</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS and treatment for OIs.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS and treatment for OIs.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 4 facilities that offer CSS and treatment for OIs.

**Table 1.5c INH for preventing tuberculosis in HIV/AIDS clients**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering intermittent preventive treatment (IPT) for tuberculosis (TB) to HIV/AIDS clients using the indicated practices, and among these, percentage with indicated program elements, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering IPT for TB under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering IPT for TB, percentage with		Number of facilities offering CSS for HIV/AIDS clients reporting they ever offer IPT for TB	Number of service sites that report they ever offer CSS and IPT for TB <sup>4</sup>
	Routinely refers clients elsewhere <sup>1</sup>	Selectively offers <sup>2</sup>	Routinely offers <sup>3</sup>		Observed protocol for IPT for TB in all service sites ever offering IPT for TB	INH available		
<b>Facility Type</b>								
Hospital	(100) <sup>6</sup>	0	0	* <sup>5</sup>	na	na	0	0
Health Center	0	0	0	3	na	na	0	0
Laboratory	na	na	na	0	na	na	na	na
Other	0	0	0	1	na	na	0	0
<b>Authority</b>								
Government	(14) <sup>7</sup>	0	0	5	na	na	0	0
Non-governmental	na	na	na	0	na	na	na	na
<b>Tier</b>								
Advanced	(100) <sup>9</sup>	0	0	* <sup>8</sup>	na	na	0	0
Basic	0	0	0	4	na	na	0	0
<b>Total</b>	<b>(14)</b> <sup>10</sup>	<b>0</b>	<b>0</b>	<b>5</b>	na	na	<b>0</b>	<b>0</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.  
<sup>1</sup>At least one site in the facility offers preventive TB therapy routinely through referral, and no site in facility routinely or selectively offers the preventive TB therapy.  
<sup>2</sup>At least one site in the facility offers preventive TB therapy sometimes, but no site provides it routinely.  
<sup>3</sup>At least one site in the facility reports it provides preventive TB therapy to all HIV/AIDS clients.  
<sup>4</sup>The reported number of sites are unweighted.  
<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.  
<sup>6</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.  
<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 5 government facilities that offer CSS.  
<sup>8</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.  
<sup>9</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.  
<sup>10</sup>Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer CSS.

**Table 1.5d Co-trimoxazole treatment for preventing pneumonia in HIV/AIDS clients**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering co-trimoxazole to HIV/AIDS clients for prevention of pneumonia (CPT) using the indicated practices, and among those offering routine CPT, percentage with indicated program elements, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities routinely offering preventive CPT, percentage with		Number of facilities offering HIV/AIDS clients and reporting they ever offer CPT	Number of service sites that report they ever offer CSS and CPT <sup>4</sup>
	Routinely refers clients elsewhere <sup>1</sup>	Selectively offers <sup>2</sup>	Routinely offers <sup>3</sup>		Observed protocol for CPT in all service sites ever offering CPT	Co-trimoxazole available		
<b>Facility Type</b>								
Hospital	0	0	(100) <sup>6</sup>	* <sup>5</sup>	0	(100) <sup>8</sup>	* <sup>7</sup>	5
Health Center	0	33	0	3	0	100	1	1
Laboratory	na	na	na	0	na	na	na	na
Other	0	0	100	1	0	100	1	1
<b>Authority</b>								
Government	0	21	36	5	0	100	3	7
Non-governmental	na	na	na	0	na	na	na	na
<b>Tier</b>								
Advanced	0	0	(100) <sup>10</sup>	* <sup>9</sup>	0	(100) <sup>12</sup>	* <sup>11</sup>	5
Basic	0	25	25	4	0	100	2	2
<b>Total</b>	<b>0</b>	<b>21</b>	<b>36</b>	<b>5</b>	<b>0</b>	<b>100</b>	<b>3</b>	<b>7</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>At least one site in the facility offers CPT routinely through referral, and no site in facility routinely or selectively offers CPT.

<sup>2</sup>At least one site in the facility offers CPT sometimes, but no site provides it routinely.

<sup>3</sup>At least one site in the facility reports it routinely provides CPT.

<sup>4</sup>The reported number of sites is unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>7</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS and CPT for TB.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS and CPT for TB.

<sup>9</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

<sup>11</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS and CPT for TB.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS and CPT for TB.

**Table 1.5e Records for HIV/AIDS services**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage where indicated items were found in indicated eligible sites, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities with			All items for indicator in facility	Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients <sup>2</sup>
	Individual client record/chart observed in all eligible clinic/units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible clinic/unit <sup>1</sup>	Confidentiality guideline in all eligible client clinic/unit			
<b>Facility Type</b>						
Hospital	0	(100) <sup>4</sup>	0	0	* <sup>3</sup>	7
Health Center	0	33	0	0	3	3
Laboratory	na	na	na	na	0	0
Other	0	0	0	0	1	1
<b>Authority</b>						
Government	0	36	0	0	5	11
Non-governmental	na	na	na	na	0	0
<b>Tier</b>						
Advanced	0	(100) <sup>6</sup>	0	0	* <sup>5</sup>	7
Basic	0	25	0	0	4	4
<b>Total</b>	<b>0</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.  
<sup>1</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>2</sup>The reported number of sites is unweighted.  
<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.  
<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.  
<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.  
<sup>6</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

**Table 2.1a Advanced care for HIV/AIDS clients: Medicines**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated medicines to support the management of opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care of people living with HIV/AIDS, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities offering systemic IV treatment for fungal infections	Percentage of facilities with at least two medicines for treating each of the indicated conditions										Percentage of facilities with fortified protein supplement <sup>9</sup>	Number of facilities offering CSS for HIV/AIDS clients
				Cryptococcal fungal <sup>1</sup>	Bacterial respiratory infection <sup>2</sup>	Other bacterial infection <sup>3</sup>	Herpes <sup>4</sup>	Parasites <sup>5</sup>	Herpes ophthalmic infection <sup>6</sup>	AIDS dementia complex <sup>7</sup>	Pain <sup>8</sup>				
<b>Facility Type</b>	(100) <sup>11</sup>	* <sup>10</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	0	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	0	* <sup>12</sup>
Hospital	43	8	0	67	100	0	0	100	33	67	67	67	0	0	3
Health Center	0	1	na	na	na	na	na	na	na	na	na	na	na	na	0
Laboratory	100	1	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Authority</b>															
Government	54	9	(14) <sup>14</sup>	(14) <sup>14</sup>	57	79	0	79	36	57	57	57	0	0	5
Non-governmental	0	2	na	na	na	na	na	na	na	na	na	na	na	na	0
<b>Tier</b>															
Advanced	(33) <sup>15</sup>	2	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	0	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	0	* <sup>16</sup>
Basic	50	9	0	0	50	75	0	75	25	50	50	50	0	0	4
<b>Total</b>	<b>47</b>	<b>11</b>	<b>(14)<sup>18</sup></b>	<b>(14)<sup>18</sup></b>	<b>57</b>	<b>79</b>	<b>0</b>	<b>79</b>	<b>36</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>5</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Amphotericin B, fluconazole, itraconazole, and Ketoconazole

<sup>2</sup>Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone

<sup>3</sup>Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin

<sup>4</sup>Acyclovir and gancyclovir

<sup>5</sup>Metronidazole, tinidazole, nalidixic acid, and cotrimoxazole

<sup>6</sup>One of: Acyclovir ophthalmic or acyclovir oral

<sup>7</sup>Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone

<sup>8</sup>One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codein, diclofenac injectable, dipyrrone injectable, oral morphine)

<sup>9</sup>Fortified protein supplement

<sup>10</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>12</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 out of 5 government facilities that offer CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>16</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer CSS.

**Table 2.1b Laboratory testing capacity for monitoring HIV/AIDS clients**

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated laboratory testing capacity or with system for receiving results of indicated test when test is conducted outside the facility, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with all items to conduct the indicated laboratory investigations <sup>1</sup>											Number of facilities offering CSS for HIV/AIDS clients			
			Kit for spinal tap	Culture media and incubator	Liver function test	Hemoglobin or hematocrit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Platelet count	Enzyme-linked immunosorbent assay (ELISA) for HIV		All items for indicator <sup>2</sup>		
<b>Facility Type</b>																	
Hospital	(100) <sup>4</sup>	* <sup>3</sup>	0	0	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	0	* <sup>5</sup>
Health Center	43	8	0	0	100	100	100	100	100	100	100	100	100	100	100	0	3
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na	0
Other	100	1	0	0	100	100	100	100	100	100	100	100	100	100	100	0	1
<b>Authority</b>																	
Government	54	9	0	0	100	100	100	100	100	100	100	100	100	100	100	0	5
Non-governmental	0	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na	0
<b>Tier</b>																	
Advanced	(33) <sup>8</sup>	2	0	0	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	0	* <sup>9</sup>
Basic	50	9	0	0	100	100	100	100	100	100	100	100	100	100	100	0	4
<b>Total</b>	<b>47</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>5</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Laboratory either has all equipment and reagents to conduct the test or a documented system for sending blood and receiving results for the test.

<sup>2</sup>Also includes having all the drugs (see Table 2.1a)

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 5 government facilities that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>9</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer CSS.

**Table 2.2a Protocols/guidelines and appointment system to support advanced services for HIV/AIDS**

Among facilities reporting they offer any care or support services (CSS) for HIV/AIDS clients, percentage having protocols or guideline for the indicated topic, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of eligible facilities with:					Observed system record for individual client appointments in all relevant program sites	Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients <sup>1</sup>
	Observed guidelines/protocols for offering the service, in all sites where clinical CSS is offered							
	Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS				
<b>Facility Type</b>								
Hospital	0	0	0	0	0	0	* <sup>2</sup>	7
Health Center	0	0	0	0	0	0	3	3
Laboratory	na	na	na	na	na	na	0	0
Other	100	100	0	100	100	100	1	1
<b>Authority</b>								
Government	21	21	0	21	21	21	5	11
Non-governmental	na	na	na	na	na	na	0	0
<b>Tier</b>								
Advanced	0	0	0	0	0	0	* <sup>3</sup>	7
Basic	25	25	0	25	25	25	4	4
<b>Total</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>5</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>3</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

**Table 2.2b Management and support for health service providers of advanced services for HIV/AIDS**

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated items to support service providers for HIV/AIDS, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of eligible facilities with:						Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients <sup>2</sup>		
	At least one provider of indicated HIV/AIDS service trained in the past 3 years in topic related to that service									
	Psychological counseling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infectious persons			At least half of providers of services for PLHIV were supervised during past 3 months	All items for indicator <sup>1</sup>
<b>Facility Type</b>										
Hospital	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	0	* <sup>3</sup>	7
Health Center	100	33	33	33	0	33	67	0	3	3
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	100	100	100	100	100	100	100	0	1	1
<b>Authority</b>										
Government	100	57	57	57	36	57	79	0	5	11
Non-governmental	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>										
Advanced	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	0	* <sup>5</sup>	7
Basic	100	50	50	50	25	50	75	0	4	4
<b>Total</b>	<b>100</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>36</b>	<b>57</b>	<b>79</b>	<b>0</b>	<b>5</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>Observed guidelines for managing opportunistic infections, palliative care, and general care of HIV/AIDS infected adults and children, and trained providers for each of the relevant HIV/AIDS services, and at least half of the providers of these services were supervised during the past 3 months.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

**Table 2.3a Protocols and guidelines for antiretroviral combination therapy services**

Among all facilities, percentage offering antiretroviral therapy (ART), and among these, percentage with the indicated items, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering ART	Number of facilities	Observed guidelines/protocols in all eligible ART service sites					Number of facilities offering ART	Number of sites offering ART services <sup>1</sup>		
			Opportunistic infections		Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			ART treatment guidelines:	
										National ART treatment guidelines for (adults and pediatric)	Other ART treatment guidelines for adults
<b>Facility Type</b>											
Hospital	(100) <sup>3</sup>	* <sup>2</sup>	0	0	0	0	0	* <sup>4</sup>	4		
Health Center	0	8	na	na	na	na	na	0	0		
Laboratory	0	1	na	na	na	na	na	0	0		
Other	100	1	100	100	100	100	0	1	1		
<b>Authority</b>											
Government	19	9	60	60	60	60	0	2	5		
Non-governmental	0	2	na	na	na	na	na	0	0		
<b>Tier</b>											
Advanced	(33) <sup>5</sup>	2	0	0	0	0	0	* <sup>6</sup>	4		
Basic	13	9	100	100	100	100	0	1	1		
<b>Total</b>	<b>17</b>	<b>11</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>0</b>	<b>2</b>	<b>5</b>		

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers ART.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1out of 3 advanced level facilities.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers ART.

**Table 2.3b Systems and items to support antiretroviral combination therapy services**

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with the indicated ART program components, by background characteristics, Tobago SPA 2006.

Background characteristics	ART medicines			Up-to-date pharmacy stock cards for ARVs	ARVs storage		Lab capacity for monitoring ART <sup>1</sup>	Number of facilities offering ART	Number of sites offering ART <sup>2</sup>
	At least one ARV available	No stock-outs for any ARV during past 6 months			Separate from other medicines	Separate from other medicines and locked			
<b>Facility Type</b>									
Hospital	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	0	0	(100) <sup>4</sup>	* <sup>3</sup>	4
Health Center	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	0	0
Other	100	100	100	0	0	0	0	1	1
<b>Authority</b>									
Government	100	100	100	(40) <sup>5</sup>	0	0	(40) <sup>5</sup>	2	5
Non-governmental	na	na	na	na	na	na	na	0	0
<b>Tier</b>									
Advanced	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	0	0	(100) <sup>7</sup>	* <sup>6</sup>	4
Basic	100	100	100	0	0	0	0	1	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>(40)<sup>8</sup></b>	<b>0</b>	<b>0</b>	<b>(40)<sup>8</sup></b>	<b>2</b>	<b>5</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Lab can either conduct CD4, viral load, or total lymphocyte count (TLC), or has a system for sending blood outside for testing and for receiving results.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers ART.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers ART.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer ART.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers ART.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers ART.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 2 facilities that offer ART.

**Table 2.3c Systems and items to support antiretroviral combination therapy services**

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with indicated program components, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering ART and having							Number of facilities offering ART	Number of sites offering ART services <sup>2</sup>	
	Observed record system for individual client appointments for ART clients	Individual client record/chart for ART clients	Observed up-to-date register/client cards where number of current ART clients can be calculated	At least one interviewed provider of indicated service has related in-service training in the past 12 months			At least half of interviewed providers of ART were personally supervised during past 3 months			All items for indicator <sup>1</sup>
				ART services	Counseling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS				
<b>Facility Type</b>										
Hospital	(100) <sup>4</sup>	(100) <sup>4</sup>	0	(100) <sup>4</sup>	(100) <sup>4</sup>	(100) <sup>4</sup>	0	0	* <sup>3</sup>	4
Health Center	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	100	100	0	100	100	100	100	0	1	1
<b>Authority</b>										
Government	100	100	0	100	100	100	60	0	2	5
Non-governmental	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>										
Advanced	(100) <sup>6</sup>	(100) <sup>6</sup>	0	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	0	0	* <sup>5</sup>	4
Basic	100	100	0	100	100	100	100	0	1	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>60</b>	<b>0</b>	<b>2</b>	<b>5</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>ART services have observed record for individual client appointments, individual client record/charts, current register of ART clients, and staff with in-service training related to ART services during the past 12 months, and at least half of the interviewed ART service providers had been supervised in the past 3 months.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers ART.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers ART.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers ART.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers ART.

**Table 2.4 Services and conditions for inpatient care for people living with HIV/AIDS needing advanced services**

Among facilities offering inpatient care and support services (CSS), percentage with the indicated program and infrastructure items to support quality HIV/AIDS services, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS clients	Number of facilities	Among facilities offering inpatient CSS services, percentage with										Number of facilities offering inpatient CSS for HIV/AIDS	Number of inpatient CSS sites for HIV/AIDS <sup>2</sup>		
			Indicated service offered in facility at any site, either inpatient or outpatient					With 24-hour regular electric supply	A functioning toilet for inpatients	Running water in all inpatient client units	All items for indicator <sup>1</sup>					
			Counseling and testing (CT) services for HIV	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care					Antiretroviral therapy (ART)				
<b>Facility Type</b>																
Hospital	(100) <sup>4</sup>	* <sup>3</sup>	(100) <sup>6</sup>	0	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	* <sup>5</sup>	4
Health Center	0	8	na	na	na	na	na	na	na	na	na	na	na	na	0	0
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	na	na	0	0
Other	0	1	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Authority</b>																
Government	(8) <sup>7</sup>	9	(100) <sup>9</sup>	0	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	* <sup>8</sup>	4
Non-governmental	0	2	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>																
Advanced	(33) <sup>10</sup>	2	(100) <sup>12</sup>	0	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	* <sup>11</sup>	4
Basic	0	9	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Total</b>	<b>(7)<sup>13</sup></b>	<b>11</b>	<b>(100)<sup>15</sup></b>	<b>0</b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	<b>(100)<sup>15</sup></b>	* <sup>14</sup>	<b>4</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Facility offers CT services, treatment for illnesses relevant to HIV/AIDS (tuberculosis, malaria, STIs), treatment for opportunistic infections and Kaposi's sarcoma, palliative care, and ART, plus facility has an infrastructure to support quality services (24-hour electricity, client latrine, and running water in all inpatient client service units).

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers inpatient CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers inpatient CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 9 government facilities.

<sup>8</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 government facility that offers inpatient CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers inpatient CSS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>11</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers inpatient CSS.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers inpatient CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities.

<sup>14</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 facility that offers inpatient CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 facility that offers inpatient CSS.

Table 2.4 CSPA 2006

**Table 2.5 Post-exposure prophylaxis (PEP)**

Percentage of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP. Among these facilities, percentage where the indicated elements are present, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities where staff have access to PEP	Number of facilities	Percentage of facilities offering PEP and having:							Number of facilities where staff have access to PEP	Number of service sites where PEP is prescribed <sup>2</sup>	
			Observed PEP guidelines present in all service sites where PEP is prescribed	Any record/register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP	PEP ARV storage conditions <sup>1</sup>					
							Locked and stored apart from other ARVs	Locked and stored with other medicines	Unlocked			
<b>Facility Type</b>												
Hospital	(100) <sup>4</sup>	* <sup>3</sup>	0	0	0	0	0	0	0	0	* <sup>5</sup>	5
Health Center	71	8	0	0	0	0	0	0	0	0	6	5
Laboratory	0	1	na	na	na	na	na	na	na	na	0	0
Other	100	1	0	0	0	0	0	0	0	0	1	1
<b>Authority</b>												
Government	77	9	0	0	0	0	0	0	0	0	7	11
Non-governmental	0	2	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>												
Advanced	(33) <sup>6</sup>	2	0	0	0	0	0	0	0	0	* <sup>7</sup>	5
Basic	75	9	0	0	0	0	0	0	0	0	7	6
<b>Total</b>	<b>67</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>11</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.  
<sup>1</sup>ARVs may be available in more than one location within a facility and the storage conditions may be different in different locations.  
<sup>2</sup>The reported number of sites is unweighted.  
<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.  
<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital.  
<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital where staff have access to PEP.  
<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.  
<sup>7</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility where staff have access to PEP.

**Table 3.1 Facilities with record-keeping systems for monitoring HIV/AIDS care and support**

Among all facilities offering the indicated service, percentage with up-to-date records for the indicated information, by background characteristics, Tobago SPA 2006.

Background characteristics	Among facilities offering counseling and testing for HIV, percentage		Number of facilities offering counseling and testing	Among facilities offering antiretroviral (ARV) therapy (ART), percentage		Number of facilities offering ART	Among facilities offering any care and support services for HIV/AIDS clients, percentage		Among facilities offering CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services routinely submitting reports on these services	Number of facilities offering CSS for HIV/AIDS clients
	With records indicating clients receiving pre test and post test counseling and received test results	Submitting any reports for HIV testing services		Records indicating number of clients receiving ARV treatment	Submitting any reports for ART services		With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated		
<b>Facility Type</b>										
Hospital	0	(100) <sup>3</sup>	* <sup>2</sup>	0	0	* <sup>4</sup>	(100) <sup>6</sup>	0	0	* <sup>5</sup>
Health Center	71	86	8	na	na	0	33	33	33	3
Laboratory	0	0	1	na	na	0	na	na	na	0
Other	0	0	1	0	0	1	0	0	0	1
<b>Authority</b>										
Government	58	77	9	0	0	2	36	57	21	5
Non-governmental	0	0	2	na	na	0	na	na	na	0
<b>Tier</b>										
Advanced	0	(33) <sup>7</sup>	2	0	0	* <sup>8</sup>	(100) <sup>10</sup>	(100) <sup>10</sup>	0	* <sup>9</sup>
Basic	63	75	9	0	0	1	25	50	25	4
<b>Total</b>	<b>50</b>	<b>67</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>36</b>	<b>57</b>	<b>21</b>	<b>5</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup> HIV testing, ART, and/or CSS for HIV/AIDS clients

<sup>2</sup> Weighted number of facilities is less than 1. Unweighted 1 hospital with an HIV testing system.

<sup>3</sup> Weighted cell count less than 1. Unweighted 1 hospital with an HIV testing system.

<sup>4</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers ART.

<sup>5</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>6</sup> Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities with an HIV testing system.

<sup>8</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers ART.

<sup>9</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>10</sup> Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

**Table 3.2 Youth friendly services for HIV/AIDS**

Percentage of facilities offering any youth friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, percentage with indicated item, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering YFS with VCT or PMTCT services	Number of facilities with an HIV testing system	Percentage of facilities with		Number of facilities with youth friendly HIV testing services
			Observed policy/guidelines for YFS	All items for indicator <sup>2</sup>	
<b>Facility Type</b>					
Hospital	0	* 3	na	na	0
Health Center	0	8	na	na	0
Laboratory	0	1	na	na	0
Other	100	1	0	100	1
<b>Authority</b>					
Government	12	9	0	100	1
Non-governmental	0	2	na	na	0
<b>Tier</b>					
Advanced	0	2	na	na	0
Basic	13	9	0	100	1
<b>Total</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>100</b>	<b>1</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</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>2</sup>Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

<sup>3</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital with an HIV testing system.

**Table 3.3 Facilities with home or community-based linkages**

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated components for home or community care and support, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities with							Number of facilities offering CSS for HIV/AIDS clients	Number of sites in facilities offering CSS for HIV/AIDS clients <sup>2</sup>
	Facility offers HC or has a written document naming referral site	All eligible sites in facility			Links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients <sup>1</sup>		
		Can name a HC site where clients can be referred	Have an observed written referral form for client referral	Facility offers HC or has a written document naming referral site					
<b>Facility Type</b>									
Hospital	0	0	0	(100) <sup>4</sup>	0	0	0	* <sup>3</sup>	7
Health Center	67	0	0	0	0	0	0	3	3
Laboratory	na	na	na	na	na	na	na	0	0
Other	100	0	0	100	0	100	100	1	1
<b>Authority</b>									
Government	64	0	0	36	0	0	21	5	11
Non-governmental	na	na	na	na	na	na	na	0	0
<b>Tier</b>									
Advanced	0	0	0	(100) <sup>6</sup>	0	0	0	* <sup>5</sup>	7
Basic	75	0	0	25	0	0	25	4	4
<b>Total</b>	<b>64</b>	<b>64</b>	<b>0</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>5</b>	<b>11</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>Provider has received in-service training in the past 3 years for training caregivers and/or patients in HIV/AIDS care, palliative care, or specific home-based services for HIV/AIDS clients.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers CSS.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers CSS.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers CSS.

**Table 4.1 Availability of services for prevention of mother to child transmission of HIV/AIDS**

Percentage of facilities offering any services for prevention of mother to child transmission (PMTCT) of HIV/AIDS, and, among these, percentage with the indicated program components, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities reporting they offer the indicated PMTCT services							Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>3</sup>	
			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>1</sup>	ARV therapeutic treatment for HIV+ women and family	All items for PMTCT+ <sup>2</sup>			
<b>Facility Type</b>												
Hospital	(100) <sup>5</sup>	* <sup>4</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	0	0	* <sup>6</sup>	2
Health Center	100	8	86	57	86	0	86	0	0	0	8	7
Laboratory	0	1	na	na	na	na	na	na	na	na	0	0
Other	100	1	100	100	100	0	100	0	0	0	1	1
<b>Authority</b>												
Government	100	9	88	65	88	(8) <sup>8</sup>	88	(8) <sup>8</sup>	12	0	9	10
Non-governmental	0	2	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>												
Advanced	(33) <sup>9</sup>	2	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	(100) <sup>11</sup>	0	0	* <sup>10</sup>	2
Basic	100	9	88	63	88	0	88	0	13	0	9	8
<b>Total</b>	<b>87</b>	<b>11</b>	<b>88</b>	<b>65</b>	<b>88</b>	<b>(8)<sup>12</sup></b>	<b>88</b>	<b>(8)<sup>12</sup></b>	<b>12</b>	<b>0</b>	<b>9</b>	<b>10</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Components of routine PMTCT for the facility include HIV testing with pre and post test counseling, ARV prophylaxis for the mother and newborn, and counseling and provision of family planning services.

<sup>2</sup>All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.

<sup>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers PMTCT services.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers PMTCT services.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 9 government facilities that offer PMTCT services.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>10</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers PMTCT services.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers PMTCT services.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 9 facilities that offer PMTCT services.

**Table 4.2a Availability of service records for PMTCT services**

Among facilities offering services for prevention of mother to child transmission of HIV (PMTCT), percentage with the indicated documentation observed and up-to-date, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services and having indicated documentation					Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>
			Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were offered a complete ARV course for PMTCT	All items for indicator			
<b>Facility Type</b>									
Hospital	(100) <sup>3</sup>	* <sup>2</sup>	0	0	0	0	0	* <sup>4</sup>	2
Health Center	100	8	71	0	0	0	0	8	7
Laboratory	0	1	na	na	na	na	na	0	0
Other	100	1	0	0	0	0	0	1	1
<b>Authority</b>									
Government	100	9	58	0	0	0	0	9	10
Non-governmental	0	2	na	na	na	na	na	0	0
<b>Tier</b>									
Advanced	(33) <sup>5</sup>	2	0	0	0	0	0	* <sup>6</sup>	2
Basic	100	9	63	0	0	0	0	9	8
<b>Total</b>	<b>87</b>	<b>11</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>10</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers PMTCT services.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers PMTCT services.

**Table 4.2b Availability of service records for PMTCT+ services**

Among facilities offering services for prevention of mother to child transmission of HIV and antiretroviral treatment (ART) for HIV positive women and their families (PMTCT+), percentage with the indicated up-to-date documentation, by background characteristics, Tobago SPA 2006.

Background characteristics	Percentage of facilities offering PMTCT+ services	Number of facilities	Percentage of facilities			Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services <sup>2</sup>
			Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+ <sup>1</sup>	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit		
<b>Facility Type</b>							
Hospital	0	* 3	na	na	na	0	0
Health Center	0	8	na	na	na	0	0
Laboratory	0	1	na	na	na	0	0
Other	100	1	0	0	0	1	1
<b>Authority</b>							
Government	12	9	0	0	0	1	1
Non-governmental	0	2	na	na	na	0	0
<b>Tier</b>							
Advanced	0	2	na	na	na	0	0
Basic	13	9	0	0	0	1	1
<b>Total</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.  
<sup>1</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).  
<sup>2</sup> The reported number of sites is unweighted.  
<sup>3</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

**Table 5.1a Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS)**

Among all facilities percentage treating tuberculosis (TB) and, among those following direct observed short-course (DOTS) strategy, percentage having the indicated components, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage with indicated TB activities			Total facilities	Among facilities following DOTS strategy for TB, percentage with			Number of facilities following DOTS strategy for TB	Number of sites offering TB service using DOTS strategy <sup>4</sup>
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</sup>		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available <sup>2</sup>		
<b>Facility Type</b>									
Hospital	0	0	0	* 5	na	na	na	0	0
Health Center	14	0	0	8	na	na	na	0	0
Laboratory	0	0	0	1	na	na	na	0	0
Other	100	0	0	1	na	na	na	0	0
<b>Authority</b>									
Government	23	0	0	9	na	na	na	0	0
Non-governmental	0	0	0	2	na	na	na	0	0
<b>Tier</b>									
Advanced	0	0	0	2	na	na	na	0	0
Basic	25	0	0	9	na	na	na	0	0
<b>Total</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.  
<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.  
<sup>2</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.  
<sup>4</sup>The reported number of sites is unweighted.  
<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

**Table 5.1b Treatment, and/or follow-up for tuberculosis**

Among facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Tobago SPA 2006.

Background characteristic	Among facilities offering any TB services, percentage following indicated treatment strategy <sup>1</sup>				Among facilities offering any TB services, percentage with				Number of facilities offering any TB services	Number of sites offering TB services <sup>7</sup>
	DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>			
<b>Facility Type</b>										
Hospital	na	na	na	na	na	na	na	na	0	0
Health Center	0	100	0	0	100	100	0	0	1	1
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	0	100	0	0	0	0	0	0	1	1
<b>Authority</b>										
Government	0	100	0	0	50	50	0	0	2	2
Non-governmental	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>										
Advanced	na	na	na	na	na	na	na	na	0	0
Basic	0	100	0	0	50	50	0	0	2	2
<b>Total</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

<sup>1</sup>More than one treatment strategy may apply if facility offers TB services from multiple sites.

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

<sup>3</sup>Site provides follow-up for TB clients, after intensive treatment offered elsewhere.

<sup>4</sup>Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

<sup>5</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>6</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.

<sup>7</sup>The reported number of sites is unweighted.

**Table 5.1c Resources and supplies for diagnosing tuberculosis**

Among all facilities, percentage offering TB diagnosis, and having the indicated elements for diagnosis, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities with indicated TB diagnostic activities			Total number of facilities	TB diagnosis using sputum				TB diagnosis using X-ray	
	Any TB diagnostic or treatment services <sup>1</sup>	Use sputum for TB diagnosis <sup>2</sup>	Use X-ray for TB diagnosis		Among facilities diagnosing TB using sputum <sup>2</sup> , percentage with		Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities diagnosing TB using X-ray	
					All items for conducting sputum test for TB	Observed record of sputum test results				All items for indicator <sup>3</sup>
<b>Facility Type</b>										
Hospital	0	0	0	* 5	na	na	na	0	na	0
Health Center	14	14	14	8	0	0	0	1	0	1
Laboratory	0	0	0	1	na	na	na	0	na	0
Other	100	0	0	1	na	na	na	0	na	0
<b>Authority</b>										
Government	23	12	12	9	0	0	0	1	0	1
Non-governmental	0	0	0	2	na	na	na	0	na	0
<b>Tier</b>										
Advanced	0	0	0	2	na	na	na	0	na	0
Basic	25	13	13	9	0	0	0	1	0	1
<b>Total</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

<sup>5</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

**Table 5.1d Malaria diagnosis and treatment**

Among all facilities, percentage offering malaria treatment services, and among these, percentage having the indicated components for management of malaria, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities that offer malaria treatment services	Total number of facilities	Among facilities offering malaria services, percentage with			Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services <sup>1</sup>
			Observed malaria treatment protocol in all relevant units	Any anti-malarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility		
<b>Facility Type</b>							
Hospital	0	* <sup>2</sup>	na	na	na	0	
Health Center	0	8	na	na	na	0	
Laboratory	0	1	na	na	na	0	
Other	0	1	na	na	na	0	
<b>Authority</b>							
Government	0	9	na	na	na	0	
Non-governmental	0	2	na	na	na	0	
<b>Tier</b>							
Advanced	0	2	na	na	na	0	
Basic	0	9	na	na	na	0	
<b>Total</b>	<b>0</b>	<b>11</b>	na	na	na	<b>0</b>	

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

**Table 5.1e Diagnosis and treatment for sexually transmitted infections**

Among all facilities, percentage offering treatment for sexually transmitted infections (STIs), and among these, percentage having the indicated components for supporting services for STIs, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities that offer STI services	Total number of facilities	Percentage of facilities offering STI services, with			Number of facilities offering STI treatment services	Number of sites offering STI treatment <sup>3</sup>
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility <sup>1</sup>	Condoms in any service area or pharmacy		
<b>Facility Type</b>							
Hospital	(100) <sup>5</sup>	* <sup>4</sup>	0	(100) <sup>7</sup>	0	* <sup>6</sup>	4
Health Center	100	8	43	57	100	8	7
Laboratory	0	1	na	na	na	0	0
Other	100	1	0	0	100	1	1
<b>Authority</b>							
Government	100	9	35	54	92	9	12
Non-governmental	0	2	na	na	na	0	0
<b>Tier</b>							
Advanced	(33) <sup>8</sup>	2	0	(100) <sup>10</sup>	0	* <sup>9</sup>	4
Basic	100	9	38	50	100	9	8
<b>Total</b>	<b>87</b>	<b>11</b>	<b>35</b>	<b>54</b>	<b>92</b>	<b>9</b>	<b>12</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).

<sup>2</sup>Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

<sup>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>6</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital that offers STI treatment.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers STI treatment.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.

<sup>9</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 advanced level facility that offers STI treatment.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 advanced level facility that offers STI treatment.

**Table 5.1f Supportive management practices for health service providers who treat infections relevant to HIV/AIDS**

Among all facilities, percentage having the indicated conditions to support health service providers, by background characteristics, Tobago SPA 2006.

Background characteristic	Percentage of facilities with:			Number of facilities
	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	All items for all components of indicator <sup>1</sup>	
<b>Facility Type</b>	(100) <sup>3</sup>	(100) <sup>3</sup>	0	* <sup>2</sup>
Hospital	57	14	0	8
Health Center	0	0	0	1
Laboratory	100	100	0	1
Other				
<b>Authority</b>				
Government	65	31	0	9
Non-governmental	0	0	0	2
<b>Tier</b>				
Advanced	(33) <sup>4</sup>	(33) <sup>4</sup>	0	2
Basic	63	25	0	9
<b>Total</b>	<b>57</b>	<b>27</b>	<b>0</b>	<b>11</b>

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

<sup>1</sup>All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services (Tables 5.1b, 5.1d, 5.1e, 5.1f).

<sup>2</sup>Weighted number of facilities is less than 1 (0.73). Unweighted 1 hospital.

<sup>3</sup>Weighted cell count less than 1. Unweighted 1 hospital.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 out of 3 advanced level facilities.



## APPENDIX B: SURVEY INSTRUMENT

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**EASTERN CARIBBEAN HIV/AIDS SERVICE PROVISION INVENTORY (HSPI) SURVEY  
COVER SHEET**

**1. Facility Identification**

001 NAME OF FACILITY _____	FACILITY CODE COUNTRY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  DISTRICT NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  FACILITY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
002 LOCATION OF FACILITY _____	
003 COUNTRY _____	
004 DISTRICT _____	
005 FACILITY NUMBER .....	

006 TYPE OF FACILITY: NATIONAL REFERRAL/TERTIARY HOSPITAL ..... 01 GENERAL HOSPITAL ..... 02 DISTRICT HOSPITAL ..... 03 HOSPITAL ..... 04 POLYCLINIC/HEALTH CENTRE ..... 05 HEALTH POST/MEDICAL STATION ..... 06 STAND-ALONE VCT/HEALTH PROMOTION CLINIC ..... 07 DOCTOR'S OFFICE ..... 08  OTHER _____ ..... 96 (SPECIFY)	FACILITY TYPE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
---	---

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 style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
--	--

**2. Information about Interview**

008 INTERVIEWER VISITS: <table style="width:100%; border: none;"> <tr> <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> </tr> <tr> <td>TEAM LEADER: _____</td> <td>_____</td> <td>_____</td> </tr> </table> RESULT CODES: 1 COMPLETED ..... 1 2 RESPONDENT NOT AVAILABLE ..... 2 3 FACILITY REFUSED ..... 3	Visit 1	Visit 2	Visit 3	DATE: _____	_____	_____	TEAM LEADER: _____	_____	_____	RESULT CODE FROM LAST ATTEMPT <input style="width:20px; height:20px;" type="text"/>
Visit 1	Visit 2	Visit 3								
DATE: _____	_____	_____								
TEAM LEADER: _____	_____	_____								

009 Date: _____	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></td> <td style="text-align: center;"><input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></td> <td style="text-align: center;"><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"/></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>	<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"/> <input style="width:20px; height:20px;" type="text"/>	DAY	MONTH	YEAR
<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"/> <input style="width:20px; height:20px;" type="text"/>					
DAY	MONTH	YEAR					
010 Name of the interviewer: _____	INTERVIEWER CODE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>						

011 CHECKED BY MONITOR/SUPERVISOR: .....	<input style="width:20px; height:20px;" type="text"/>
SIGNATURE _____ DATE _____	

**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	WAYPOINT NAME <input style="width: 100px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>COUNTRY</span> <span>FACILITY</span> </div>
013 LATITUDE	DEGREES/DECIM b <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> c <input style="width: 40px; 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: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> c <input style="width: 40px; 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**

COUNTRY DISTRICT			

FAC		

I would like to start by asking about the overall facility organization and availability of services. I want to know about the different clinic/units that provide services. I am going to mention different types of services and clinic/units that may offer the services. I need to know about specific clinic/units, and about where different HIV/AIDS related services are offered.

LIST ALL MAIN OUTPATIENT (OPD) CLINIC/UNITS. COMPLETE AN OPD/IPD QRE FOR ALL MAIN UNITS WHERE CURATIVE OR HIV/AIDS RELATED SERVICES ARE OFFERED. IF STAFF FROM THE CLINIC/UNIT OFFER ANY OF THE INDICATED HIV/AIDS SERVICES, MARK THE "ELIGIBLE QUESTIONNAIRE COLUMN WITH AN "/" IF A PARTICULAR SECTION IS REQUIRED, AND AS SOON AS THAT SECTION IS DONE, MAKE A COMPLETE "X" IN THE BOX TO INDICATE THAT THIS SECTION WAS REQUIRED AND IT IS DONE

CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
		Mod B or C OPD or IPD	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT	Mod D HMIS	Mod E LAB	Mod F PHARM
01	1 8 Service statistics (HMIS/med records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	1 9 Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
03	2 0 Pharmacy/Medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
04	Outpatient (OPD) or Inpatient (IPD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<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		<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		<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		<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		<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		<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		<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		<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		<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		<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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OUTPATIENT (OPD) CLINIC/UNITS**

- |  |   |  |
|--|---|--|
| <b>01=</b> General Outpatient            | <b>09=</b> Specific HIV/AIDS Only (may be ART unit)   | <b>17=</b> Social Services Department/home based care/community services (HIV/AIDS specific) |
| <b>02=</b> Pediatric Outpatient          | <b>10=</b> Specific Diagnoses (Including HIV/AIDS)  | <b>18=</b> Service statistics/medical records/HMIS   |
| <b>03=</b> Antenatal Care                | <b>11=</b> STI  | <b>19=</b> Laboratory (OPD &/or IPD)   |
| <b>04=</b> Family Planning               | <b>12=</b> Gynecology   | <b>20=</b> Pharmacy  |
| <b>05=</b> Delivery (Outpatient)         | <b>13=</b> Urology  | <b>96=</b> Other OPD _____   |
| <b>06=</b> Tuberculosis (TB)             |   | (SPECIFY)  |
| <b>07=</b> VCT or C (may be stand alone) | <b>15=</b> Emergency/Casualty   |  |
| <b>08=</b> PMTCT                         | <b>16=</b> Social Services Department/ home-based care/community services (not HIV/AIDS specific) |  |

**INPATIENT (IPD) UNITS**

- |  |  |                      |
|--|--|----------------------|
| <b>22=</b> Inpatient medical (adult or adult and pedi:               | <b>26=</b> HIV/AIDS Only Inpatient                 | <b>30=</b> Hospice   |
| <b>23=</b> Inpatient medical/surgical (adult or adult and pediatric) | <b>27=</b> Specific Diagnoses (Including HIV/AIDS) | <b>97=</b> Other IPD |
| <b>24=</b> Inpatient surgical (adult or adult and pediatric)         | <b>28=</b> Tuberculosis (TB)                       |                      |
| <b>25=</b> Inpatient pediatric                                       | <b>29=</b> Delivery (Inpatient)                    |                      |

	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED								
			Mod B or C OPD or IPD	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT	Mod D HMIS	Mod E LAB	Mod F PHARM	
16	<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"/>	
17	<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"/>	
18	<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"/>	
19	<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"/>	
20	<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"/>	
21	<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"/>	
22	<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"/>	
23	<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"/>	
24	<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"/>	
25	<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"/>	
26	<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"/>	
27	<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"/>	
28	<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"/>	
29	<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"/>	
30	<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"/>	
31	<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"/>	
32	<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"/>	
33	<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"/>	
			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"/>	
TOTAL HEALTH WORKER INTERVIEW QRES			<input type="checkbox"/>								

<b>OUTPATIENT (OPD) CLINIC/UNITS</b>		
01= General Outpatient	09= Specific HIV/AIDS Only (may be ART unit)	17= Social Services Department/home based care/community services (HIV/AIDS specific)
02= Pediatric Outpatient	10= Specific Diagnoses (Including HIV/AIDS)	18= Service statistics/medical records/HMIS
03= Antenatal Care	11= STI	19= Laboratory (OPD &/or IPD)
04= Family Planning	12= Gynecology	20= Pharmacy
05= Delivery (Outpatient)	13= Urology	96= Other OPD _____
06= Tuberculosis (TB)	15= Emergency/Casualty	(SPECIFY)
07= VCT or C1(may be stand alone)	16= Social Services Department/ home-based care/community services (not HIV/AIDS specific)	
08= PMTCT		
<b>INPATIENT (IPD) UNITS</b>		
22=Inpatient medical (adult or adult and pediatric)	26= HIV/AIDS Only Inpatient	30= Hospice
23= Inpatient medical/surgical (adult or adult and pediatric)	27= Specific Diagnoses (Including HIV/AIDS)	97= Other IPD
24=Inpatient surgical (adult or adult and pediatric)	28= Tuberculosis (TB)	
25=Inpatient pediatric	29= Delivery (Inpatient)	

**STAFF LISTING FORM**

INTERVIEWER CODE

--	--

FACILITY CODE

--	--

--	--

--	--	--

COUNTRY

DISTRICT

FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS								LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE	
	STAFF LINE #	WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL PRESCRIBE, DRAW BLOOD OR DO TEST	HIV TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV	ENTER NUMBER					YES	
line	unit															
			01													
			02													
			03													
			04													
			05													
			06													
			07													
			08													
			09													
			10													
			11													
			12													
			13													
			14													
			15													
			16													
			17													
			18													
			19													
			20													
			21													
			22													
			23													
			24													
			25													

\*Provider Qualification Code: **01=Specialist/Consultant Physician 02=Physician/Medical Doctor 03=Medical Officer 04=Intern 05=Nurse-Midwife 06=Nurse 07=Midwife 08=Family Nurse Practitioner 09=Nursing Assistant 10=Clinic Aide 11=PH/Community Health Nurse 12=Community Health Worker 13=Community Health Aide 14=District 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

--	--

FACILITY CODE

--	--	--

--	--

--	--	--

COUNTRY

DISTRICT

FACILITY

CLINIC/ UNIT NUMBER		PROVIDER CODE AND NAME	SERVICE RELATED TO HIV/AIDS							LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE		
		STAFF LINE #  WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL	HIV TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV					YES		
line	unit		ENTER NUMBER		PRESCRIBE DRAW BLOOD OR DO TEST											
			26													
			27													
			28													
			29													
			30													
			31													
			32													
			33													
			34													
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			50													

\*Provider Qualification Code: **01=Specialist/Consultant Physician**   **02=Physician/Medical Doctor**   **03=Medical Officer**   **04=Intern**   **05=Nurse-Midwife**   **06=Nurse**  
**07=Midwife**   **08=Family Nurse Practitioner**   **09=Nursing Assistant**   **10=Clinic Aide**   **11=PH/Community Health Nurse**   **12=Community Health Worker**  
**13=Community Health Aide**   **14=District 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

FACILITY CODE

COUNTRY    DISTRICT    FACILITY

CLINIC/ UNIT NUMBER		PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER	INDIVIDUAL HW INTERVIEW COMPLETE	
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line	unit														
			51												
			52												
			53												
			54												
			55												
			56												
			57												
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CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS							COUNTRY	DISTRICT	FACILITY	INDIVIDUAL HW INTERVIEW COMPLETE		
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line	unit														
		71													
		72													
		73													
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NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a) ESTABLISHMENT (NUM. AUTHORIZED)	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH	
	<b>QUALIFICATION</b>				
01	Specialist/Consultant Physician-onsite .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
02	(NOT APPLICABLE) .....	9 9 5	9 9 5		
03	Specialist/consultant or physician (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
04	Medical Officer/Physician/House officer, District medical officer, etc. ....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
05	Intern (on site) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
06	Intern (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
07	Nurse/Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
08	Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
09	Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
10	Family Nurse Practitioner .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
11	Nursing Assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
12	Clinic Aide/Personal Care Assistant (PCA) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
13	Public Health/Community Health Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
14	Community Health Worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
15	Community Health Aide .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
16	District Health Visitor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
17	Health Educator .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
18	Lab technician/technologist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
19	Lab assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
20	Social worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
21	HIV/AIDS counselor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
22	Other counselor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
23	Psychologist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
24	Nutritionist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO																																				
	<b>QUALIFICATION</b>	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH																																					
25	Pharmacist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																					
26	Pharmacy assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																						
27	All other staff with clinical training or providing client services (e.g., radiologist, dietician, dentist, surgical/anesthetic staff, etc.) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																						
104	<p>SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).</p> <p>You have told me that there are (TOTAL STAFF) with clinical training or providing client services assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.</p>	<p>TOTAL ASSIGNED CLINICAL/CLIENT SERVICE STAFF</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
105	<p>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?</p> <p>This might include seconded staff from other organizations or volunteers.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			→ 108																																				
106	<p>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.</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="2">SERVICES</th> </tr> <tr> <th></th> <th>HIV/AIDS ONLY</th> <th>NOT ONLY HIV/AIDS</th> </tr> </thead> <tbody> <tr> <td>01 Doctor .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>02 Intern .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>03 Nurse .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>04 Midwife .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>05 Nursing assistant .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>06 Laboratory technician .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>07 Laboratory assistant .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>08 Counselor .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>09 Community worker .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>10 Other client service staff .....</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>				SERVICES			HIV/AIDS ONLY	NOT ONLY HIV/AIDS	01 Doctor .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	02 Intern .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	03 Nurse .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	04 Midwife .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	05 Nursing assistant .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	06 Laboratory technician .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	07 Laboratory assistant .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	08 Counselor .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	09 Community worker .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	10 Other client service staff .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	<p>TOTALS</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
108	Among all staff (either assigned or seconded) how many are foreign ? (FOREIGN = NON-CARICOM EXCEPT SURINAME)	<p>TOTAL FOREIGN SERVICE PROVIDERS</p> <input type="text"/> <input type="text"/>																																							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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
110	Is there access to email/internet within the facility? IF NOT FUNCTIONING, ASK ABOUT EMAIL ACCESS WHEN COMPUTER FUNCTIONS	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 RADIO ..... 2 ONLY PERSONAL CELL, PAY OR OFF-SITE BORROWED PHONE ..... 3 NO ..... 4	
112	Does this facility have a stand-by or 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 NOT 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 ... 01 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE 02 PIPED FROM UNKNOWN SOURCE ..... 03 PROTECTED STAND-PIPE (WELL/BOREHOLE) 04 UNPROTECTED STAND-PIPE (WELL/BOREHOLE) 05 RAINWATER PROTECTED ..... 06 RAINWATER UNPROTECTED ..... 07 RIVER OR LAKE OR POND ..... 08 OTHER _____ ..... 09 SPECIFY DON'T KNOW ..... 98	
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	→ 128
119	How many days in the last 6 months was water unavailable?	DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
120-121 QUESTIONS DELETED			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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, WRITTEN IN CONTRACT ..... 1 YES, NOT WRITTEN 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	
<b>POST EXPOSURE PROPHYLAXIS</b>			
130	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Are at-risk , clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILIT ..... 1 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 2 NO PEP AVAILABLE ..... 3 DON'T KNOW ..... 8	
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	→ 139
132	Is there a non-client service unit where staff who are exposed either receive the prescription or a referral for PEP? NON CLIENT UNIT MEANS ANY LOCATION NOT ELIGIBLE FOR OPD/IPD QRE.	YES ..... 1 NO, PEP SERVICES ONLY ON CLIENT SERVICE UNITS ..... 2	→ 139
133	GO TO MAIN PEP SERVICE OR REFERRAL SITE. IF NO CENTRAL SITE FOR PEP SERVICES, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST ..... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS ..... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
134	Is the PEP regime prescribed by a provider in this clinic/unit?	YES ..... 1 NO ..... 2	→ 136
134a	What is the PEP regimen that is most commonly prescribed?	ZIDOVUDINE ..... 1 OTHER ..... 6	
135	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	
136	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE. IF YES, INDICATE IF INFORMED CONSENT WAS RECEIVED FROM RESPONDENT.	NO PEP MEDICINES IN FACILITY ..... 1 YES PEP MEDS, YES INFORMED CONSENT ... 2 YES, MEDICINES, NO INFORMED CONSENT ... 3	→ 139 → 139

NO.	QUESTIONS	CODING CATEGORIES	GO TO
137	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 ZIDOVUDINE ..... E OTHER _____ X (SPECIFY) NONE ..... Y	
138	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?  IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS ..... 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS ... 4 OTHER _____ 6 (SPECIFY)	
<b>STERILIZATION/HIGH LEVEL DISINFECTING EQUIPMENT</b>			
139	ASK THE RESPONDENT TO TAKE YOU TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE PROCESSES USED.  What procedure is used for <b>decontaminating</b> and <b>cleaning</b> syringes or equipment before its final processing for reuse?  PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER ..... 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION ..... 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED ..... 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED ..... 05 OTHER _____ 06 (SPECIFY) NO REUSABLE SYRINGES OR EQUIPMENT ... 07 NONE ..... 95 DON'T KNOW ..... 98	→ 147 → 147
140	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
141	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> ?	YES	NO	DON'T KNOW	
01	Use disposables <b>only</b>	1	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		
142	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)			
		YES	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
143	<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>							
	ITEM	(a) ITEM AVAILABLE				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → b	2 → b	3 ↘ 02 ←	8 ↘ 02 ←	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1 → b	2 → b	3 ↘ 03 ←	8 ↘ 03 ←	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 ↘ 04 ←	8 ↘ 04 ←	1	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 ↘ 05 ←	8 ↘ 05 ←	1	2	8
05	Non-electric pot with cover (FOR STEAM/BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1 → b	2 → b	3 ↘ 07 ←	8 ↘ 07 ←	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 ↘ 08 ←	8 ↘ 08 ←	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete	1	2	3	8			
09	Written protocols or guidelines for ster- ilization or disinfection	1	2	3	8			
144	ASK TO SEE WHERE ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED      REPORTED, NOT SEEN      NO/ NOT APPLICABLE      DON'T KNOW						
01	Wrapped in sterile cloth/autoclave paper, sealed with 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/paper or wrapped without sealing tape	1                      2                      3                      8						
05	In container with disinfectant or antiseptic	1                      2                      3                      8						
06	OTHER CLEAN	1                      2                      3                      8						
07	OTHER, NOT CLEAN	1                      2                      3                      8						
145	Date of sterilization written on packet or container with processed items	1                      2                      3                      8						
146	Storage location dry and clean	1                      2                      3                      8						



NO.	QUESTIONS	CODING CATEGORIES	GO TO
151	CHECK Q147 AND Q149, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO ..... 2	→ 153
152	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL LANDFILL AND BURNED 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED ..... 3 OTHER _____ .... 6 (SPECIFY) DON'T KNOW ..... 8	
153	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	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
154	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 B: HIV/AIDS OUTPATIENT CARE**

Code of Facility:          QRE TYPE

COUNTRY          DISTRICT          FACILITY

Interviewer Code:

**ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. IF THERE ARE NO HIV/AIDS OR RELATED SERVICES OFFERED IN THE FACILITY, COMPLETE AT LEAST ONE OPD QRE FOR THE FACILITY.**

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> <input type="text"/> LINE          UNIT NAME OF UNIT _____															
200a	<b>MANAGING AUTHORITY</b> 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"/>															
200b	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT	<table border="1"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q204, Q206, OR Q208</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PMTCT Q214</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TB Q220 (01, 02 or 03)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>ART Q224 (07 OR 08)</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		YES	NOT APPLICABLE	(V)CT Q204, Q206, OR Q208	1	2	PMTCT Q214	1	2	TB Q220 (01, 02 or 03)	1	2	ART Q224 (07 OR 08)	1	2
	YES	NOT APPLICABLE															
(V)CT Q204, Q206, OR Q208	1	2															
PMTCT Q214	1	2															
TB Q220 (01, 02 or 03)	1	2															
ART Q224 (07 OR 08)	1	2															

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 Ministry of Health, based in \_\_\_\_\_ (Country) 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. 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.

The information you provide 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 type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 12 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
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>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></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>Other than for prevention of mother to child transmission (PMTCT), do providers in this clinic/unit ever provide any individual counseling for HIV tests? By this I mean either pre- or post-test counseling?</p>	<p>YES ..... 1  ONLY PROVIDE PRETEST EDUCATION OR GENERAL PREVENTIVE INFORMATION .. 2  COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT ..... 3  NO COUNSELING FOR HIV TESTING ..... 4</p>	Q:VCT
205	<p>Other than for prevention of mother to child transmission (PMTCT) 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  NO ..... 2</p>	→ 213
206	<p>Other than for PMTCT when a provider wants a a client to receive an HIV test, what is the procedure that is followed?</p> <p>NOTE: IF BLOOD IS DRAWN IN CLINIC/UNIT (WHETHER SENT TO LAB OR TO OUTSIDE FACILITY), CIRCLE E, F, OR G.</p> <p>CIRCLE 'I' CLIENT/BLOOD SENT OUTSIDE <b>ONLY</b> IF THIS CLINIC/UNIT DIRECTLY SENDS CLIENT OR BLOOD. IF SPECIMEN IS SENT OUTSIDE FACILITY BY THE LAB, RESPONSE '1' DOES NOT APPLY.</p> <p>AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY.</p>	<p><b>TESTING IN THIS FACILITY</b>  RAPID TEST IN THIS CLINIC/UNIT ..... A  CLIENT SENT TO (V)CT CLINIC/UNIT ..... B  CLIENT SENT TO PMTCT CLINIC/UNIT .. C  CLIENT REFERRED OTHER CLINIC/UNIT .. THIS FACILITY (NON-VCT/PMTCT) ..... D  <b>BLOOD DRAWN IN THIS CLINIC/UNIT</b>  BY CLINIC/UNIT STAFF ..... E  BY LAB STAFF OR TECHNICIAN ..... F  BY EXTERNAL VCT/PMTCT STAFF ..... G  <b>CLIENT SENT TO LAB</b> ..... H  <b>TESTING OUTSIDE FACILITY:</b>  CLIENT/BLOOD SENT DIRECTLY BY CLINIC/ UNIT TO SITE OUTSIDE THIS FACILITY I  OTHER ..... X  (SPECIFY)</p>	Q:VCT Q:VCT Q:VCT
207	<p>CHECK Q206: IS "I" CIRCLED, INDICATING CLIENT OR BLOOD ARE SENT OUTSIDE FACILITY, BY CLINIC/UNIT</p>	<p>YES ..... 1  NO ..... 2</p>	→ 213
208	<p>Does this clinic/unit have an agreement with the external testing site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?</p>	<p>YES ..... 1  NO ..... 2</p>	Q:VCT
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  YES, REPORTED, NOT SEEN ..... 2  NO ..... 3</p>	
210	<p>When you refer the client <b>to another facility</b> for an HIV test, 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>	→ 212 → 212

NO.	QUESTIONS	CODING CATEGORIES	GO TO
211	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED ..... 1 NO ..... 2	→ 213 → 213
212	Do you use any [other] 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 RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ X (SPECIFY) NONE ..... Y	
213	What is the normal practice for this clinic/unit if a person comes voluntarily to ask for an HIV test?  PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE. CIRCLE ALL THAT APPLY.	IF PROVIDER AVAILABLE, PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT A MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME ..... B REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY ..... C REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT ..... D OTHER _____ X (SPECIFY) DON'T PROVIDE SERVICE OR REFERRAL ..... Y	
214	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES ..... 1 NO ..... 2	Q: PMTCT
215	QUESTION DELETED		
216	Is an individual client chart/record maintained for clients receiving services in this clinic/unit?  IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'.  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 ELSEWHERE IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD ..... 7	
217	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see the written policy?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 219
218	Does the policy specify that no one, <b>including family</b> , can be informed of the HIV/AIDS status without the client's consent?	YES ..... 1 NO ..... 2	
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, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES ..... 1  IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2' ..... 2	→ END QRE

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
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					
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE		
	01	Prescribe medicines for treatment of tuberculosis?	1 → TB QRE	2	3		4
	02	Make the diagnosis of tuberculosis?	1 → TB QRE	2	3		4
	03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY LEVEL F/U	1 → TB QRE	2	3		4
	04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3		4
05	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 providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES .....	1				
	NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY .....	2			→ 229		
	NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....	3			→ 231		
	OTHER _____ (SPECIFY)	6			→ 231		
	NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS .....	7			→ 249		
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. CIRCLE '1' TO INDICATE INFORMED CONSENT RECEIVED.	YES .....	1				
		NO IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.					

NO.	QUESTIONS	CODING CATEGORIES					GO TO	
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	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	3	4		5
	03	Provide treatment for Kaposi's sarcoma?	1	2	3	4		5
	04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4		5
	05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4		5
	06	Fortified protein supplementation (FPS)	1	2	3	4		5
	07	Prescribe ARV therapy?	1 → ART QRE	2	3	4		5
	08	Provide follow-up services for clients on antiretroviral treatment [THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 → ART QRE	2	3	4		5
	09	Care for pediatric HIV/AIDS patients	1	2	3	4		5
10	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 .....	NO .....	1 2	→
227	For each service I mention, are written guidelines available? IF YES: Could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3	
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3	4
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3	
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	
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	
16	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1	////// ////// //////	3	

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 (PLHA) 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				→ 231
		YES, REPORTED, NOT SEEN ..... 2				
		NO ..... 3				
		NO REFERRAL WITHIN FACILITY ..... 4				→ 231
230	Do you use any [other] method to provide client information to the other clinic/unit 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 RECORDS/FILE/CARD ..... A				
		WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B				
		PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C				
		WRITE NOTE/LETTER ON BLANK PAPER ..... D				
		OTHER _____ (SPECIFY) ..... X				
		NONE ..... 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, ONLY WRITTEN IN INDIVIDUAL CLIENT CHART/REC 3				
		NO ..... 4				
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				→ 234
		YES, REPORTED, NOT SEEN ..... 2				→ 234
		NO ..... 3				→ 235
		NO REFERRALS TO OTHER FACILITY ..... 4				→ 235
233	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1				→ 235
		NO ..... 2				→ 235

NO.	QUESTIONS	CODING CATEGORIES	GO TO
234	<p>Do you use any [other] 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 method do you use?</p> <p>CIRCLE ALL THAT APPLY.</p>	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ ..... X (SPECIFY) NONE ..... Y	
235	<p>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</p>	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
236	<p>CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.</p>	YES ..... 1 NO ..... 2	→ 249
237	<p>Where can we find information on the numbers of clients seen in this clinic/unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS CLINIC/UNIT.</p>	CLINIC/UNIT REGISTER/RECORDS ..... 1 CLINIC/UNIT COMPUTER ..... 2 CENTRAL FACILITY REGISTER/RECORD ..... 3 CENTRAL FACILITY COMPUTER ..... 4 INFORMATION NOT RECORDED ANYWHERE OR ONLY IN INDIVIDUAL CLIENT CHART/RECORD ..... 5	→ 242 → 242 → 242
238	<p>WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?</p>	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER NOT SEEN ..... 4	→ 242

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																								
239	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records.</p> <p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>	<p style="text-align: right;">NUMBER OF VISITS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">01</td> <td style="width: 70%;">ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) ABOVE 5 YEARS OF AGE</td> <td style="width: 5%; text-align: center;">.....</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>03</td> <td>KAPOSI'S SARCOMA</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC)</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNI PNEUMONIA)</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>07</td> <td>PNEUMONIA (ABOVE 5 YEARS OF AGE)</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS)</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____</td> <td>.....</td> <td> </td> <td> </td> <td> </td> </tr> </table>	01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) ABOVE 5 YEARS OF AGE	.....				02	TOXOPLASMOSIS	.....				03	KAPOSI'S SARCOMA	.....				04	AIDS-RELATED COMPLEX (ARC)	.....				05	HERPES ZOSTER/SIMPLEX	.....				06	PCP (PNEUMOCYSTIS CARNI PNEUMONIA)	.....				07	PNEUMONIA (ABOVE 5 YEARS OF AGE)	.....				08	TB (TUBERCULOSIS)	.....				09	IMMUNOSUPPRESSION / HIV/AIDS	.....				10	WASTING SYNDROME	.....				11	CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)	.....				12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	.....				
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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 style="width: 40px;" type="text"/> ENTER '98' 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 style="width: 40px;" type="text"/>																																																																									
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	→ 249																																																																								
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/NO FIXED TIME ..... 4 NEVER ..... 5	→ 245																																																																								

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
246-248	QUESTIONS DELETED		
<b>POST EXPOSURE PROPHYLAXIS (PEP)</b>			
249	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT .. . . . 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY . . . . . 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED ..... 3 NO ACCESS TO PEP ..... 4	→ 253 → 253 → 253
249a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP?  IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST. .... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. .... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
249b	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	
250	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES ..... 1 NO ..... 2	→ 253
251	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) ..... A STAVUDINE ..... B LAMIVUDINE ..... C INDINAVIR ..... D OTHER _____ ..... W (SPECIFY) OTHER _____ ..... X (SPECIFY) NONE AVAILABLE TODAY ..... Y	
252	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?  IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS ..... 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 4 OTHER _____ ..... 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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		
		NO, ADMITTED AS INPATIENT TO OTHER CLINIC/UNIT, THIS FACILITY . . . . .	2		
		NO OVERNIGHT CARE . . . . .	3		
254-256 QUESTIONS DELETED					
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		
258a	FILTER: ARE CLIENT EXAMINATIONS OR PROCEDURES EVER CONDUCTED IN THIS CLINIC/UNIT?	YES . . . . .	1		
		NO . . . . .	2	→ 259c	
<p><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></p>					
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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259a	IS THERE A PROCEDURE ROOM THAT IS DIFFERENT FROM THE PREVIOUSLY ASSESSED ROOM? IF YES, GO TO THAT ROOM AND ASSESS.	YES .....	1		→ 259c
		NONE .....	2		
259b	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	
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15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
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17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
259c	Is this the main outpatient clinic/unit?	YES .....	1		→ 260
		NO .....	2		
259d	IS THERE A SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY .....	1		→ 260
		DENTAL .....	2		
		NONE .....	3		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259e	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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
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18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
259f	IS THERE AN OTHER SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY	..... 1	DENTAL	..... 2
		NONE	..... 3	→ 260	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259g	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	
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05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
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18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	



NO.	QUESTIONS	CODING CATEGORIES			GO TO	
264	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)				
		YES	NO	DON'T KNOW		
01		No equipment sterilized or disinfected	1 266 ↙	2		8
02		Dry heat sterilization	1	2		8
03		Autoclave	1	2		8
04		Steam	1	2		8
05		Boiling	1	2		8
06		Chemical method	1	2		8
07	Other _____ (SPECIFY)	1	2	///////// /////////		

265 QUESTION DELETED

**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)**

266	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	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 ↙ 02 ↙	8 ↙ 02 ↙	1	2	
02	Non-electric autoclave (PRESSURE/ WET HEAT)	1 → 02b	2 → 02b	3 ↙ 03 ↙	8 ↙ 03 ↙	1	2	
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 ↙ 04 ↙	8 ↙ 04 ↙	1	2	
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 ↙ 05 ↙	8 ↙ 05 ↙	1	2	
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	///////// ///////// /////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 ↙ 07 ↙	8 ↙ 07 ↙	1	2	
07	Automatic timer	1 → 07b	2 → 07b	3 ↙ 08 ↙	8 ↙ 08 ↙	1	2	
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	///////// ///////// /////////		
09	Written guidelines for processing	1	2	3	8	///////// ///////// /////////		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
267	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE		
		OBSERVED      REPORTED, NOT SEEN      NO/NOT APPLICABLE      DON'T KNOW	
01	Wrapped in sterile cloth/autoclave paper, sealed with 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/paper or wrapped without sealing tape	1                      2                      3                      8	
05	In container with disinfectant or antiseptic	1                      2                      3                      8	
06	OTHER CLEAN	1                      2                      3                      8	
07	OTHER, NOT CLEAN	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	QUESTION DELETED		
271	Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.  How does this clinic/unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04 BURNED AND NOT BURIED ..... 05 BURIED AND NOT BURNED ..... 06 THROWN IN TRASH/OPEN PIT ..... 07 THROWN IN PIT LATRINE ..... 08 REMOVED OFFSITE ..... 09 NOT APPLICABLE ..... 10 OTHER ..... 96 _____ (SPECIFY)	
272	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	
273	How does this clinic/unit finally dispose of needles and other sharps?  IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	SAME SITE AS OTHER WASTE (Q271) ..... 01 BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04 BURNED AND NOT BURIED ..... 05 BURIED AND NOT BURNED ..... 06 THROWN IN TRASH/OPEN PIT ..... 07 THROWN IN PIT LATRINE ..... 08 REMOVED OFFSITE ..... 09 NOT APPLICABLE ..... 10 OTHER ..... 96 _____ (SPECIFY)	→ 275
274	ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR 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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO					
275	CHECK Q271 AND Q273, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO ..... 2	→ 277					
276	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL LANDFILL AND BURNED .. 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED ..... 3 OTHER _____ (SPECIFY) ..... 6 DON'T KNOW ..... 8						
277	ASSESS GENERAL CLEANLINESS OF CLINIC/UNIT. • A CLINIC/UNIT IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A CLINIC/UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	CLINIC/UNIT CLEAN ..... 1 CLINIC/UNIT NOT CLEAN ..... 2						
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>								
278	RECORD THE TIME AT END OF INTERVIEW <table border="1" data-bbox="578 800 875 863" 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: 10px; height: 20px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:			<b>THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.</b>	
		:						
12 HOUR CLOCK								

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

**Code of Facility:**          
 COUNTRY DISTRICT FACILITY

**Interviewer Code:**

QRE TYPE  C

**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.**

**CRITERIA FOR ELIGIBILITY:** THE FACILITY CARES FOR ANY ADMITTED PATIENTS WITH CONFIRMED OR SUSPECTED HIV/AIDS, REGARDLESS OF REASON FOR ADMISSION; OR PROVIDERS SOMETIMES PRESCRIBE HIV/AIDS TESTS FOR INPATIENTS OR 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.

300	INDICATE WHICH INPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LINE UNIT  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"/>															
300b	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 Q304, Q306 Q306b</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PMTCT Q307</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TB Q313 (01, 02, 03)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>ART Q318 (07 OR 08)</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		COMPLETE	NOT APPLICABLE	(V)CT Q304, Q306 Q306b	1	2	PMTCT Q307	1	2	TB Q313 (01, 02, 03)	1	2	ART Q318 (07 OR 08)	1	2
	COMPLETE	NOT APPLICABLE															
(V)CT Q304, Q306 Q306b	1	2															
PMTCT Q307	1	2															
TB Q313 (01, 02, 03)	1	2															
ART Q318 (07 OR 08)	1	2															

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 Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. 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.

The information you provide 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?

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	<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"/> 12 HOUR CLOCK DAY MONTH YEAR	



NO.	QUESTIONS	CODING CATEGORIES				GO TO
309	Is an individual client chart/record maintained for clients receiving services in this clinic/unit?  IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'.  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	YES, IN CENTRAL RECORDS .....	4	
		ONLY IF CLIENT PROVIDES .....	5	OTHER _____ (SPECIFY) .....	6	
		NO INDIVIDUAL RECORD .....	7			
310	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this unit? IF YES: May I see the written policy?	YES, OBSERVED .....	1	YES, REPORTED, NOT SEEN .....	2	→ 312
		NO .....	3			
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?	YES .....	1	NO .....	2	
312	Now I would like to talk with the person most familiar with <b>clinical care services</b> that are available in this unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES .....	1	IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2'	2	→ END QRE
313	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		CLIENT REFERRED ON DISCHARGE		NO SERVICE NO REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe medicines for treatment of tuberculosis?	1→ TB QRE	2	3	4	5
02	Make the diagnosis of tuberculosis?	1→ TB QRE	2	3	4	5
03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY F/U	1→ TB QRE	2	3	4	5
04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	5
05	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	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
315	Do providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES .....	1			
		NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY .....	2	→	323	
		NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....	3	→	325	
		OTHER _____ (SPECIFY) .....	6	→	325	
		NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS .....	7	→	345	
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			
317	The next set of questions is regarding <b>clinical services for HIV/AIDS</b> available in this 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 IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.				
318	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.	<b>SERVICE OFFERED</b>		<b>CLIENT REFERRED ON DISCHARGE</b>		<b>NO SERVICE NO REFERRAL</b>
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE 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	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
06	Fortified protein supplementation (FPS)	1	2	3	4	5
07	Prescribe Antiretroviral Therapy (ART)	1 → ART QRE	2	3	4	5
08	Provide follow-up services for clients on antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES)	1 → ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5
10	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES					GO TO															
319	<p>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.</p> <p>PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.</p>	<p style="text-align: center;"><b>SERVICE OFFERED</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">ROUTINELY</th> <th colspan="1" style="text-align: center;">SELECTIVELY</th> <th rowspan="3" style="text-align: center;">NO SERVICE NO REFERRAL</th> </tr> <tr> <th colspan="2" style="text-align: center;">TO INPATIENTS</th> <th colspan="2" style="text-align: center;">CLIENT REFERRED ON DISCHARGE</th> <th rowspan="2" style="text-align: center;">SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)</th> </tr> <tr> <th style="text-align: center;">INPATIENT UNIT BY PROVIDERS IN THIS UNIT</th> <th style="text-align: center;">ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT</th> <th style="text-align: center;">THIS FACILITY</th> <th style="text-align: center;">OTHER FACILITY</th> </tr> </thead> </table>					ROUTINELY				SELECTIVELY	NO SERVICE NO REFERRAL	TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		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	
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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															
320	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	<p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2</p>					→ 322															

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
321	For each service I mention, if written guidelines are available, could you please show them to me?					
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3	4	
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	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  _____ (SPECIFY)	1	////// ////// //////	3	4	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
322	For each specialty support 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	
			NOT SEEN, AND PROVIDER			
OBSERVED	CAN NAME SITE		CANNOT NAME SITE			
01	Home-based care services for people living with HIV/AIDS (PLHA) 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	
324	Do you use any [other] method to provide client information to the other clinic/unit 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 RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ ..... X (SPECIFY) NONE ..... Y				
325	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				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 → 328 → 329
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1 NO ..... 2	→ 329 → 329
328	Do you use any [other] 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 RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ (SPECIFY) ..... X NONE ..... 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	
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	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS UNIT.	UNIT REGISTER/RECORDS/ ..... 1 UNIT COMPUTER ..... 2 CENTRAL FACILITY REGISTER/RECORD ..... 3 CENTRAL FACILITY COMPUTER ..... 4 INFORMATION NOT RECORDED ANYWHERE ..... 5	→ 336 → 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																												
333	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records.</p> <p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>	<p style="text-align: right;">NUMBER OF ADMISSIONS OR DISCHARGES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">01</td> <td style="width: 70%;">ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....</td> <td style="width: 5%; text-align: center;">□</td> <td style="width: 5%; text-align: center;">□</td> <td style="width: 5%; text-align: center;">□</td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>03</td> <td>KAPOSI'S SARCOMA .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC) .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNII PNEUMONIA) .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>07</td> <td>PNEUMONIA (ABOVE 5 YEARS OF AGE) .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS) .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____</td> <td style="width: 10%;">NUMBER OF ADMISSIONS OR DISCHARGES .....</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> </table>	01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....	□	□	□	02	TOXOPLASMOSIS .....	□	□	□	03	KAPOSI'S SARCOMA .....	□	□	□	04	AIDS-RELATED COMPLEX (ARC) .....	□	□	□	05	HERPES ZOSTER/SIMPLEX .....	□	□	□	06	PCP (PNEUMOCYSTIS CARNII PNEUMONIA) .....	□	□	□	07	PNEUMONIA (ABOVE 5 YEARS OF AGE) .....	□	□	□	08	TB (TUBERCULOSIS) .....	□	□	□	09	IMMUNOSUPPRESSION / HIV/AIDS .....	□	□	□	10	WASTING SYNDROME .....	□	□	□	11	CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....	□	□	□	12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	NUMBER OF ADMISSIONS OR DISCHARGES .....	□	□	
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12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	NUMBER OF ADMISSIONS OR DISCHARGES .....	□	□																																																											
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA ..... <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> DON'T KNOW ..... 98																																																													
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	TOTAL 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><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>																																																													
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/NO FIXED TIME .... 4 NEVER ..... 5	→ 339																																																												

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 <b>diagnosis of HIV/AIDS?</b>	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 <b>diagnosis of HIV/AIDS?</b>	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, <b>including all diagnoses?</b>	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, <b>including all diagnoses?</b>	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	
342-344 QUESTIONS DELETED			
POST EXPOSURE PROPHYLAXIS (PEP)			
345	Do any providers in this unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNIT ..... 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY ..... 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED ..... 3 NO ACCESS TO PEP ..... 4	→ 349 → 349 → 349
345a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP?  IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST ..... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. .... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
346	Are there any written guidelines for post-exposure prophylaxis available in this 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	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES ..... 1 NO ..... 2	→ 349

NO.	QUESTIONS	CODING CATEGORIES			GO TO
348a	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) .....	A		
		STAVUDINE .....	B		
		LAMIVUDINE .....	C		
		INDINAVIR .....	D		
		OTHER _____	W		
		(SPECIFY)			
		OTHER _____	X		
		(SPECIFY)			
		NONE AVAILABLE TODAY .....	Y		
348b	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES? IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS .....	1		
		LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS .....	2		
		NOT LOCKED, SEPARATE FROM OTHER MEDICINES .....	3		
		NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..	4		
349	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		
RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.					
350	QUESTION DELETED				
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 → 08		3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
352	Is there a treatment/procedure room in this unit that is different from the patient area assessed in previous question? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES ..... 1 NO ..... 2			→ 356
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→ 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1→ 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1→ 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
354-355 QUESTIONS DELETED					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
STERILIZATION AND HIGH-LEVEL DISINFECTING			
356	<p>ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION</p> <p>What procedure is used for <b>decontaminating</b> and <b>cleaning</b> syringes or equipment before its final processing for reuse?</p> <p>PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.</p>	<p>SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER ..... 01</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION ..... 02</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... 03</p> <p>SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED ..... 04</p> <p>CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED ..... 05</p> <p>OTHER _____ ..... 06 (SPECIFY)</p> <p>NO REUSABLE SYRINGES OR EQUIPMENT 07</p> <p>NONE ..... 95</p> <p>DON'T KNOW ..... 98</p>	<p>→ 367</p> <p>→ 357</p>
356a	<p>Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>	
357	<p>Where are reusable syringes or used equipment from this unit most commonly sterilized or disinfected before being reused again?</p>	<p>NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY ..... 1</p> <p>THIS CLINIC/UNIT ..... 2</p> <p>OTHER CLINIC/UNIT THIS FACILITY ..... 3</p> <p>ENTER CLINIC/UNIT LINE AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SEND TO OTHER FACILITY ..... 4</p> <p>OTHER _____ ..... 6 (SPECIFY)</p> <p>NO ITEMS EVER STERILIZED OR DISINFECTED FOR REUSE ..... 7</p>	<p>→ 367</p> <p>→ 359</p> <p>→ 367</p> <p>→ 367</p> <p>→ 367</p>
358	<p>HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 367</p>

NO.	QUESTIONS	CODING CATEGORIES			GO TO
359	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> ?	YES	NO	DON'T KNOW	
01	Use disposables <b>only</b>	1 360 ↙	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////////////// ////////////////////	
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)			
01	No equipment sterilized or disinfected	1 362 ↙	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////////////// ////////////////////	
361	QUESTION DELETED				

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>								
362	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	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 ↘ 02 ↙	8 ↘ 02 ↙	1	2	8
02	Non-electric autoclave (PRESSURE /WET HEAT)	1 → 02b	2 → 02b	3 ↘ 03 ↙	8 ↘ 03 ↙	1	2	8
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 ↘ 04 ↙	8 ↘ 04 ↙	1	2	8
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 ↘ 05 ↙	8 ↘ 05 ↙	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 ↘ 07 ↙	8 ↘ 07 ↙	1	2	8
07	Automatic timer	1 → 07b	2 → 07b	3 ↘ 08 ↙	8 ↘ 08 ↙	1	2	8
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
09	Written guidelines for processing	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW			
01	Wrapped in sterile cloth/autoclave paper, sealed with 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/paper or wrapped without sealing tape	1	2	3	8			
05	In container with disinfectant or antiseptic	1	2	3	8			
06	OTHER CLEAN	1	2	3	8			
07	OTHER, NOT CLEAN	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	QUESTION DELETED							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	<p>Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.</p> <p>How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	<p>BURNED IN INCINERATOR ..... 02            BURNED AND BURIED ..... 03            BURNED AND REMOVED TO            OFFSITE LANDFILL ..... 04            BURNED AND NOT BURIED ..... 05            BURIED AND NOT BURNED ..... 06            THROWN IN TRASH/OPEN PIT ..... 07            THROWN IN PIT LATRINE ..... 08            REMOVED OFFSITE ..... 09            NOT APPLICABLE ..... 10            OTHER ..... 96</p> <p style="text-align: center;">_____ (SPECIFY)</p>	
368	<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>	<p>WASTE VISIBLE, PROTECTED ..... 1            WASTE VISIBLE, UNPROTECTED ..... 2            NO WASTE VISIBLE ..... 3            WASTE SITE NOT INSPECTED ..... 4</p>	
369	<p>How does this clinic/unit finally dispose of needles and other sharps?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	<p>SAME SITE AS OTHER WASTE (Q367) ..... 01            BURNED IN INCINERATOR ..... 02            BURNED AND BURIED ..... 03            BURNED AND REMOVED TO            OFFSITE LANDFILL ..... 04            BURNED AND NOT BURIED ..... 05            BURIED AND NOT BURNED ..... 06            THROWN IN TRASH/OPEN PIT ..... 07            THROWN IN PIT LATRINE ..... 08            REMOVED OFFSITE ..... 09            NOT APPLICABLE ..... 10            OTHER ..... 96</p> <p style="text-align: center;">_____ (SPECIFY)</p>	→ 371
370	<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>	<p>WASTE VISIBLE, PROTECTED ..... 1            WASTE VISIBLE, UNPROTECTED ..... 2            NO WASTE VISIBLE ..... 3            WASTE SITE NOT INSPECTED ..... 4</p>	
371	<p>CHECK Q367 AND Q369, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?</p>	<p>YES ..... 1            NO ..... 2</p>	→ 373
372	<p>How is the waste that is collected and removed offsite finally disposed?</p>	<p>INCINERATED ..... 1            TAKEN TO LOCAL LANDFILL AND BURNED ..... 2            TAKEN TO LOCAL LANDFILL AND            NOT BURNED ..... 3            OTHER ..... 6</p> <p style="text-align: center;">_____ (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO					
373	ASSESS GENERAL CLEANLINESS OF UNIT. • A UNIT IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	UNIT CLEAN ..... 1 UNIT NOT CLEAN ..... 2						
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>								
374	RECORD THE TIME AT END OF INTERVIEW <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">12 HOUR CLOCK</p>					:		
		:						

**SECTION D. HEALTH MANAGEMENT SYSTEM**

**Code of Facility:**        
 COUNTRY DISTRICT FACILITY

QRE TYPE  D

**Interviewer Code:**   **CLINIC/UNIT CODE FROM COVER**      
 LINE UNIT

400	INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	OUTPATIENT ONLY..... 1 INPATIENT ONLY ..... 2 BOTH IN AND OUTPATIENT..... 3
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.**

My name is \_\_\_\_\_. We are here on behalf of Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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"/> 12 HOUR CLOCK	DATE	<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 _____ (SPECIFY)	6		
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.	1) NUMBER OF DAYS .....	<input type="text"/>	<input type="text"/>	→ 406
		2) 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 '00' 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 _____ (SPECIFY)	6		
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	QUESTION DELETED				
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 APPLICABLE
416		NUMBER OF DEATHS .....	<input type="text"/> <input type="text"/> <input type="text"/>		
417		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/NO FIXED TIME ..... 4 NEVER ..... 5 NEVER PROVIDE SERVICES FOR HIV/AIDS CLIENTS ..... 6			→ 420 → 429
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)			
419a	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.	QUESTIONS	CODING CATEGORIES	GO TO
419b	<p>In your opinion, has anyone ever used the data you submit for policy/program changes or initiatives?</p> <p>IF YES, Who has used the data?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>RECORDS OFFICER ..... A</p> <p>FACILITY DIRECTOR ..... B</p> <p>DISTRICT LEVEL ..... C</p> <p>MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D</p> <p>NATIONAL AIDS PROGRAM ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO, DATA NOT USED ..... Y</p>	
420	<p>ASK TO SEE THE REPORT FOR <u>NEWLY DIAGNOSED</u> HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER</p>	<p>NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REPORT NOT SEEN ..... 9994 → 424</p> <p>NO REPORT COMPILED ..... 9995 → 424</p> <p>NOT APPLICABLE ..... 9997 → 424</p>	
421	<p>RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION</p>	<p>MONTHS OF DATA ..... <input type="text"/> <input type="text"/></p>	
422-423 QUESTIONS DELETED			
424	<p>Do you receive or compile reports that indicate specific HIV/AIDS related diagnoses for inpatients or outpatients seen in the facility?</p> <p>IF RESPONSE IS "INFORMATION NOT AVAILABLE" PROBE TO DETERMINE IF REPORTS ON CLIENT DIAGNOSES ARE SUBMITTED FOR HMIS, AND IF SO , ENSURE THAT DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED.</p> <p>CIRCLE MOST APPROPRIATE RESPONSE.</p>	<p>INFORMATION AVAILABLE, DATA NOT YET RECORDED ..... 1</p> <p>INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE ..... 2 → 429</p> <p>INFORMATION REPORTED AVAILABLE, BUT NOT SEEN ..... 3 → 429</p> <p>INFORMATION NOT AVAILABLE ..... 4 → 429</p>	
425	<p>INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.</p>	<p>OUTPATIENT CLIENTS ONLY ..... 1 → 426 (A)</p> <p>INPATIENT CLIENTS ONLY ..... 2 → 426 (B)</p> <p>BOTH OUTPATIENT AND INPATIENT ..... 3</p>	

NO.	QUESTIONS	CODING CATEGORIES		GO TO																																																																																				
426	<p>RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.</p> <p>DIAGNOSIS</p> <p>1 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....</p> <p>2 TOXOPLASMOSIS .....</p> <p>3 KAPOSII'S SARCOMA .....</p> <p>4 AIDS-RELATED COMPLEX (ARC) .....</p> <p>5 HERPES ZOSTER/SIMPLEX .....</p> <p>6 PCP (PNEUMOCYSTIS CARNII PNEUMONIA).....</p> <p>7 PNEUMONIA (ABOVE 5 YEARS OF AGE).....</p> <p>8 TB (TUBERCULOSIS) .....</p> <p>9 IMMUNOSUPPRESSION / HIV/AIDS .....</p> <p>10 WASTING SYNDROME .....</p> <p>11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....</p> <p>12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....</p>	<p>(A) NUMBER</p> <p>OUTPATIENT VISITS</p> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																											<p>(B) NUMBER</p> <p>INPATIENT ADMISSIONS/DISCHARGES</p> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																											
427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																																																																
428	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/DISCHARGES FOR THE TIME PERIOD INDICATED IN Q.427	<table border="1"> <tr> <td colspan="2">TOTAL OPD VISITS</td> <td colspan="2">TOTAL IPD ADMISSIONS/DISCHARGES</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>		TOTAL OPD VISITS		TOTAL IPD ADMISSIONS/DISCHARGES																																																																																		
TOTAL OPD VISITS		TOTAL IPD ADMISSIONS/DISCHARGES																																																																																						
429	<p>How do you ensure data quality?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SPOT CHECKS AT POINT OF SERVICE ..... A</p> <p>CONTINUAL TRAINING OF SERVICE STAFF ..... B</p> <p>RESPONSE ANALYSIS ..... C</p> <p>INTERNAL CHECKS ..... D</p> <p>RETURN TO FILES UPON ERROR ..... E</p> <p>DOUBLE DATA ENTRY ..... F</p> <p>OTHER ..... X</p> <p>(SPECIFY) _____</p>																																																																																						
430	How often does this unit provide feedback on data quality to service units?	<p>MONTHLY OR MORE OFTEN ..... 1</p> <p>EVERY 2-3 MONTHS ..... 2</p> <p>EVERY 4-6 MONTHS ..... 3</p> <p>LESS OFTEN THAN EVERY 6 MONTHS ..... 4</p> <p>WHEN NECESSARY/NOT REGULARLY ..... 5</p> <p>NEVER ..... 6</p>																																																																																						

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
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 a secure location where confidentiality is ensured?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 7				
433	Is there ever a problem with loss of forms or damage?  IF YES, ASK: What have been the most common causes for lost or damaged forms?	PESTS ..... A WATER/DAMPNESS..... B FIRE ..... C THEFT ..... D MISPLACED ..... E OTHER _____ X (SPECIFY) NOT A PROBLEM..... Y				
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 REGULARLY ..... 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>				
441	How is the computer hardware maintained?	CONTRACT ..... 1 IN-HOUSE TECHNICIAN ..... 2 NOT MAINTAINED REGULARLY ..... 3				
442	Do you have a central database?	YES ..... 1 NO ..... 2	→ 447			
443	In what software is this database maintained?	EXCEL ..... 0 1 FOXPRO ..... 0 2 ACCESS ..... 0 3 LOTUS ..... 0 4 DBASE ..... 0 5 PEACHTREE ..... 0 6 QUATROPRO ..... 0 7 EPI INFO ..... 0 8 OTHER _____ 9 6 (SPECIFY)				



NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
458	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES ..... 1 NO ..... 2	
459	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>			
460	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 12 HOUR                      CLOCK		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			



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>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></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? 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? IF YES, For which reasons are they conducted?  CIRCLE ALL THAT APPLY</p>	<p>CLIENT DIAGNOSIS ..... A BLOOD SCREENING ..... B SCREENING (VISA, INSURANCE, SCHOOL,EMPLOYMENT) ..... C LAB CONDUCTS NO HIV TESTS ..... Y</p>				→ 535
506	<p>Are there any written guidelines related to any of the topics I will ask, in the laboratory area? 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 →03	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	<p>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>	<p>YES ..... 1 NO ..... 2</p>				
508	Is pre-test counseling for HIV testing done in this lab?	<p>YES ..... 1 NO ..... 2</p>				Q:VCT
509	<p>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.</p>	<p>YES ..... 1 NO ..... 2</p>				→ 512

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
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	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b	2 ↘ 02 ↘	3 ↘ 02 ↘	<input type="text"/>	<input type="text"/>		
02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → 02b	2 ↘ 03 ↘	3 ↘ 03 ↘	<input type="text"/>	<input type="text"/>		
03	TOTAL CLIENTS AGE 15-24 YEARS	1 → 03b	2 ↘ 04 ↘	3 ↘ 04 ↘	<input type="text"/>	<input type="text"/>		
04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 04b	2 ↘ 05 ↘	3 ↘ 05 ↘	<input type="text"/>	<input type="text"/>		
05	TOTAL CLIENTS/PROVIDERS WHO RECEIVED TEST RESULTS	1 → 05b	2 ↘ 06 ↘	3 ↘ 06 ↘	<input type="text"/>	<input type="text"/>		
06	TOTAL CLIENTS/PROVIDERS RECEIVING POSITIVE RESULTS	1 → 06b	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	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 YES, DOCUMENTATION REPORTED NOT SEEN..... 2 YES, ORAL SYSTEM ONLY..... 3 NO..... 4				Q:VCT Q:VCT Q:VCT		
513	Is post-test counseling for HIV testing provided in this lab?	YES..... 1 NO..... 2				Q:VCT		
Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about.								
514	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						
	HIV/AIDS RELATED TEST	AVAILABLE TODAY		NORMALLY AVAILABLE, NOT TODAY	TEST NOT CONDUCTED THIS LAB	DONT KNOW		
		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		
515	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	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DONT KNOW	YES	NO	DONT KNOW
01	Flowcytometer / Cytoflowmeter for CD4 counts	1 → 01b	2 → 01b	3 ↘ 02 ↘	8 ↘ 02 ↘	1	2	8
02	ELISA scanner / reader	1 → 02b	2 → 02b	3 ↘ 516 ↘	8 ↘ 516 ↘	1	2	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO
516	Is there an established system for <b>external</b> quality control for any HIV test? IF YES, ASK: Which HIV test is the external quality control used for? CIRCLE ALL THAT APPLY.	ELISA ..... A RAPID TEST ..... B WESTERN BLOT ..... C OTHER _____ X (SPECIFY) NO EXTERNAL QUALITY CONTROL ... Y	→ 522
517	What system is used for external quality control for HIV tests? CIRCLE ALL THAT APPLY.	PROFICIENCY PANEL ..... A EXTERNAL INSPECTION/OBSERVATION OF TECHNIQUE ..... B SEND BLOOD FOR RETESTING ..... C OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
518	CHECK Q517 . IF 'A' OR 'C' ARE CIRCLED, INDICATE THE MOST APPROPRIATE RESPONSE FOR HOW OFTEN THE EXTERNAL QUALITY CONTROL IS USED.	(a) NUMBER OF TIMES PER YEAR <input type="text"/> <input type="text"/> (PROFICIENCY..... NO PROFICIENCY PANEL .....95 (b) SEND EVERY FIXED NUMBER OF TESTS ..... 1 SEND FIXED PERCENT OF TESTS ..... 2 NO FIXED NUMBER/PERCENT ..... 3 "C" NOT CIRCLED ..... 4 (c) INDICATE THE FIXED <input type="text"/> <input type="text"/> <input type="text"/> NUMBER/PERCENT SAMPLES SENT FOR Q518(b).	→ 519 → 519
519	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	→ 522 → 522
520	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	
521	What is the most recent error rate that is recorded?	PERCENT ERROR <input type="text"/> <input type="text"/> RATE..... DON'T KNOW ..... 98	
522	Is there any other system used for quality control of laboratory tests for HIV/AIDS? IF YES, INDICATE THE OTHER SYSTEM(S) UTILIZED.	INTERNAL QUALITY CONTROL ..... A OTHER _____ X (SPECIFY) NO ..... Y	→ 524
523	Is there any record of the results from the other quality control test(s) mentioned in previous question? IF YES, ASK TO SEE THE RECORD OR REPORT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
524	Are there any fees charged for any services or items related to HIV/AIDS tests?	YES ALWAYS ..... 1 YES SOMETIMES ..... 2 NEVER ..... 3	→ 526

NO.	QUESTIONS	CODING CATEGORIES			GO TO
525	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 (rapid)	1 → 01b	2 02 ↙	3 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	CD4 test	1 → 02b	2 03 ↙	3 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	Complete Blood Count	1 → 03b	2 04 ↙	3 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	ELISA test	1 → 04b	2 526 ↙	3 526 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
526	Do you send blood outside the facility for CD4 count?	YES ..... 1 NO ..... 2			→ 529
527	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			
528	After receiving the CD4 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			
529	Next, I want to know if PCR (polymerase chain reaction) tests for viral load are done at this labor  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			→ 532
530	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			→ 532
531	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <input type="text"/> <input type="text"/>			
532	Do you send blood outside the facility for viral load testing?	YES ..... 1 NO ..... 2			→ 535
533	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			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
534	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	
535	Do you ever send blood outside the facility for HIV testing? [INCLUDES CONFIRMATION TEST]	YES ..... 1 NO ..... 2	→ 540
536	For which HIV test do you send blood outside?	ELISA ..... A WESTERN BLOT ..... B OTHER ..... X SPECIFY	
537	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	→ 540
538	Does the register indicate if the client/provider has received the results?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
539	After receiving the results, how are the results provided to the client/provider?	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	Q:VCT
540	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	→ 546
541	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/NO FIXED TIM... 4 NEVER ..... 5	→ 543
542	To whom are the reports sent?  CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... B FACILITY DIRECTOR ..... C DISTRICT LEVEL ..... D MOH (CMO, SURVEILLANCE, SMO) ..... E NATIONAL AIDS PROGRAM ..... X OTHER ..... X (SPECIFY)	
543	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	
544	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.	NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
545	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <input type="text"/> <input type="text"/>		
546	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		→ 548 → 548
547	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 OR PMTCT ALONE	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
548	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		→ 550
549	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <input type="text"/> <input type="text"/>		
550	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		→ 552 → 552
551	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>		
552	Is blood for HIV/AIDS testing drawn in the laboratory area?	YES ..... 1 NO ..... 2		→ 555

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
553	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							
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 → 08	2	3				
07	HAND SANITIZER	1	2	3				
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3				
09	SHARPS CONTAINER	1	2	3				
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3				
11	DISPOSABLE GLOVES-NON LATEX	1	2	3				
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3				
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3				
14	CONDOMS	1	2	3				
15	DISPOSABLE NEEDLES	1	2	3				
16	DISPOSABLE SYRINGES	1	2	3				
17	MASKS	1	2	3				
18	GOGGLES / GLASSES	1	2	3				
554	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2						
555	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	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	Microscope	1→ 01b	2→ 01b	3 02↙	8 02↙	1	2	8
02	Refrigerator [TEMPERATURE MUST BE BETWEEN 2-8 DEGREES C]	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	3 556↙	8 556↙	1	2	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
556	<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
01	<b>MALARIA TESTS</b>	1			4 557 ↙			
02	Giemsa stain	1	2	3	4			
03	Leishman stain	1	2	3	4			
04	Field stain	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			
557 01	<b>GONORRHEA TESTS</b>	1			4 558 ↙			
02	Chocolate agar (culture medium)	1	2	3	4			
03	PCR	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
558 01	<b>GRAM STAIN</b>	1			4 559 ↙			
02	Crystal violet	1	2	3	4			
03	Lugol's iodine	1	2	3	4			
04	Acetone	1	2	3	4			
05	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
559 01	<b>CHLAMYDIA TEST</b>	1			4 560 ↙			
02	Giemsa stain	1	2	3	4			
03	ELISA	1	2	3	4			
04	PCR	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
560	<b>OTHER TESTS</b>	<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	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			
561	Does this laboratory ever send any specimens for initial culture outside the facility?	YES ..... 1 NO ..... 2						
562	<b>TUBERCULOSIS TEST</b>	1			4 567↙			
01								
02	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4			
03	New rapid test for TB	1	2	3	4			
04	Culture	1	2	3	4			
05	Other test for TB _____ (SPECIFY)	1	2	3	4			
563	Does this laboratory record TB test results? IF YES: May I please see the register?	YES, OBSERVED. .... 1 YES, REPORTED, NOT SEE. .... 2 NO ..... 3				→ 565 → 565		
564	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						
565	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				→ 567		
566	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		
567	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
01	SYPHILIS TESTS	1			4 568 ↙			
02	VDRL (Venereal Disease Research Laboratory slide test)	1	2	3	4			
03	Rotator or shaker for VDRL	1 → 03b	2 → 03b	3 04 ↙	4 04 ↙	1	2	8
04	Rapid plasma reagent test (RPR)	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			
568	Pregnancy tests	1	2	3	4			
569	The next set of tests I want to know about are hematology tests.							
	Hemocytometer or coulter counter for total lymphocyte count or full blood count.	1 → b	2 → b	3 570 ↙	4 570 ↙	1 573 ↙	2	8
570 01	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)	1			4 571 ↙			
02	Hemoglobinometer	1 → 02b	2 → 02b	3 03 ↙	4 03 ↙	1	2	8
03	Colorimeter or spectroscope	1 → 03b	2 → 03b	3 04 ↙	4 04 ↙	1	2	8
04	Drabkin's solution (for colorimeter)	1	2	3	4			
05	Capillary tubes for hematocrit	1	2	3	4			
06	Centrifuge for hematocrit	1 → 06b	2 → 06b	3 07 ↙	4 07 ↙	1	2	8
07	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4			
08	Other _____ (SPECIFY)	1	2	3	4			
571	Platelet count	1	2	3	4			
572	White cell count	1	2	3	4			
573	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	
574	Does this laboratory ever send blood outside the facility for total lymphocyte count?	YES .....		1	NO .....		2	→ 577
575	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				

NO.	QUESTIONS	CODING CATEGORIES				GO TO			
576	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							
577	The next set of tests I want to know about are chemistry tests	<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	Blood chemistry analyzer that provides serum creatinine, serum glucose, and liver function tests	1	2	3	4	1 578	2	8
	02	Serum creatinine	1	2	3	4			
	03	Serum glucose	1	2	3	4			
04	Liver function test	1	2	3	4				
578	Does this laboratory ever send any specimens outside the facility for serum creatinine or serum glucose tests?	YES ..... 1 NO ..... 2							
579	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>									
580	Now I want to ask about screening of blood for blood transfusions. Does this laboratory screen blood for infectious diseases?	YES ..... 1 NO ..... 2				→ 582			
581	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				
<b>PHLEBOTOMY SERVICES</b>									
582	Is blood drawn in the laboratory area?  IF YES, IS IT THE SAME AREA AS SEEN FOR Q553(HIV TESTS) OR A DIFFERENT ROOM?	YES, SAME AREA AS Q553 ..... 1 YES, DIFFERENT AREA ..... 2 NO BLOOD DRAWN. .... 3				→ 585 → 585			

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
583	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 → 05	2	3		
04	HAND SANITIZER	1	2	3		
05	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3		
06	SHARPS CONTAINER	1	2	3		
07	DISPOSABLE LATEX GLOVES	1 → 09	2	3		
08	DISPOSABLE NON-LATEX GLOVES	1	2	3		
09	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 11	2	3		
10	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3		
11	DISPOSABLE NEEDLES	1	2	3		
12	DISPOSABLE SYRINGES	1	2	3		
13	MASKS	1	2	3		
14	GOGGLES / GLASSES	1	2	3		
584	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2				
585	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			→ 587	
586	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
587	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES ..... 1 NO ..... 2			→ 589	

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
588	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	(b) EQUIPMENT/ITEMS AVAILABLE?			(c) ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW
01	X-RAY MACHINE	1 → c	2 → c	3 02 ↙ ↘	1	2	8
02	FILM FOR X-RAYS	1	2	3			
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>							
589	RECORD THE TIME AT END OF INTERVIEW <div style="text-align: center;"> <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>  12 HOUR CLOCK </div>			.			
		.					
<b>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</b>							

**SECTION F: MEDICATION AND SUPPLIES**

Code of facility:          
COUNTRY DISTRICT FACILITY

QRE  **F**  
TYPE

Interviewer Code:

LINE AND CLINIC/UNIT NUMBER      
LINE UNIT

600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY ..... 1 INPATIENT ONLY ..... 2 BOTH IN AND OUTPATIENT ..... 3 AREA LOCKED/NO ACCESS ..... 4 NO MEDICINES STORED IN ..... FACILITY ..... 5	→ STOP  → STOP
600b	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ..... 96 (SPECIFY)	1) MANAGING AUTHORITY <input type="text"/> <input type="text"/>  2) NUMBER OF DAYS PER MONTH PHARMACY ROUTINELY PROVIDES SERVICE <input type="text"/> <input type="text"/>	

**ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY**

My name is \_\_\_\_\_. We are here on behalf of Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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
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602	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>12 HOUR CLOCK</small>	DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>DAY MONTH YEAR</small>
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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, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS.</b>							
603	<b>GENERAL MEDICINES</b> (ORAL IF NOT STATED)	OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
01	Acetaminophen/paracetamol/panadol		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Acetylsalicylic 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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
				YES	NO		
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
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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
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
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	Norflloxacin		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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		AT LEAST ONE UNIT IN DATE				YES	NO
66	Vitamin B6		2 → 66b	3 67 ↙	4 67 ↙	1	2
67	Any other B vitamins		2 → 67b	3 604 ↙	4 604 ↙	1	2
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	→	607	
		NO TB MEDICINES IN FACILITY .....	3	→	607	
606	MEDICINES FOR TUBERCULOSIS	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					
		OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						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
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.						
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
01	AZT + 3TC / Combivir		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Zidovudine (ZDV, AZT)		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Abacavir/ABC		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Didanosine/ddI		2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Lamivudine/3TC		2 → 05b	3 06 ↙	4 06 ↙	1	2
06	Stavudine/d4T		2 → 06b	3 07 ↙	4 07 ↙	1	2
07	Tenofovir disoproxil fumarate [Viread]		2 → 07b	3 08 ↙	4 08 ↙	1	2
08	Efavirenz (EFZ) / Stocrin / Sustiva		2 → 08b	3 09 ↙	4 09 ↙	1	2
09	Nevirapine (NVP)		2 → 09b	3 10 ↙	4 10 ↙	1	2
10	Indinavir / Crixivan		2 → 10b	3 11 ↙	4 11 ↙	1	2
11	Kaletra / Lopinavir / Ritonavir		2 → 11b	3 12 ↙	4 12 ↙	1	2
12	Nelfinavir / Viracept		2 → 12b	3 13 ↙	4 13 ↙	1	2
13	Ritonavir / Norvir		2 → 13b	3 14 ↙	4 14 ↙	1	2
14	Saquinavir / Invirase		2 → 14b	3 15 ↙	4 15 ↙	1	2
15	Other _____ (SPECIFY)		2 → 15b	3 611 ↙	4 611 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES		
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	→ 616
		YES, REPORTED, NOT SEEN .....	2	
		NO .....	3	
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 DAY ITEM REMOVED FROM STOCK ...	2	
		OTHER _____ (SPECIFY)	6	
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	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
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 NEED DETERMINED ELSEWHERE ..... 2 DEPENDS ON MEDICINE ..... 3 DON'T KNOW ..... 8	→ 620  → 620 → 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 STANDARD FIXED SUPPLY ..... 2 DEPENDS ON MEDICINE ..... 3 DON'T KNOW ..... 8	→ 622 → 622 → 622 → 622
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>	ORDER TO MAINTAIN FIXED STOCK ..... 1  ORDER SAME AMOUNT ..... 2  ORDER BASED ON UTILIZATION ..... 3  OTHER ..... 6  DON'T KNOW ..... 8	
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>	PREDETERMINED LEVEL ..... 1  FIXED TIME ..... 2 EVERY <input type="text"/> <input type="text"/> MONTH(S)  ORDER WHEN NEEDED ..... 3  OTHER ..... 6  DON'T KNOW ..... 8	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES														
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>														
624	<p>I would like to see supplies that you have in stock. Please show me the following stock supply items if they are kept here.</p>	<p style="text-align: center;">a</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="672 814 847 928" rowspan="2">OBSERVED</th> <th data-bbox="847 814 1081 928">REPORTED AVAILABLE, NOT SEEN</th> <th data-bbox="1081 814 1224 928">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="1224 814 1442 928" style="text-align: center;">b</td> </tr> </tbody> </table>			OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	b			<p style="text-align: center;">STOCK OUT IN LAST SIX MONTHS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="1230 886 1321 928">YES</th> <th data-bbox="1321 886 1435 928">NO</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="1224 928 1442 928"></td> </tr> </tbody> </table>		YES	NO		
OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE														
	b															
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										
<p><b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b></p>																
625	<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: 20px; vertical-align: middle;">.</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;">12 HOUR CLOCK</td> </tr> </table>							.			12 HOUR CLOCK				
		.														
12 HOUR CLOCK																
<p>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</p>																



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.</p>	<p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p>
704	QUESTION DELETED		
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  REFER TO OTHER CLINIC/UNIT THIS FACILITY ..... G  REFER TO OUTSIDE FACILITY ..... H  NO TB DIAGNOSTIC SERVICES ..... Y</p>	<p>→ 710  → 710  → 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 AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED</p>	<p>YES, OBSERVED REFERRALS AND RESULTS ..... 1  YES, OBSERVED REFERRALS ONLY, NO RESULTS ..... 2  REPORTED, NOT SEEN ..... 3  NO RECORD ..... 4</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  NEVER REFER TO OTHER FACILITY ..... 4</p>	<p>→ 710  → 710</p>
709	<p>Do you use any (other) 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 RECORDS/FILE/CARD ..... A  WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B  PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C  WRITE NOTE/LETTER ON BLANK PAPER ..... D  OTHER _____ (SPECIFY) ..... X  NONE ..... 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?  NOTE: RESPONSE 1 AND 2 ONLY APPLY IF THE CLINIC/UNIT ITSELF DIRECTLY OBSERVES AND THEN FOLLOWS-UP THE CLIENT, OR THE CLINIC/UNIT DIRECTLY OBSERVES WHILE CLIENT IS PATIENT, AND THEN DISCHARGES TO A FACILITY THAT PARTICIPATES IN THE DOTS STRATEGY AS WELL. THIS IMPLIES LINKAGE OF CLIENT TREATMENT STRATEGY AND RECORDS BETWEEN THE FACILITIES OR CLINIC/UNITS.	DIRECT OBSERVE 2M, FU 6M .....			1	
		DIRECT OBSERVE 6M .....			2	
		FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE .....			3	→ 716
		DIAGNOSE AND TREAT IN OPD OR WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP .....			4	→ 716
		PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE .....			5	→ 716
		NO ROUTINE FOLLOW-UP OF TREATMENT DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE .....			6	→ 716
		FOLLOW UP AFTER SPUTUM NEG. NO DOTS			7	→ 723
					8	→ 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 _____ (SPECIFY)			X	
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	→ 716
		NO .....			3	→ 716
715	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES .....			1	
		NO .....			2	
		CAN'T DETERMINE .....			8	
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	
		CENTRAL MEDICAL STORES .....			D	
		OTHER _____ (SPECIFY)			X	
		NO TB MEDS IN FACILITY .....			Y	→ 723
717	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS	YES, AVAILABLE FOR ALL CLIENTS .....			1	
		YES, AVAILABLE FOR SOME, NOT ALL CLIENTS .....			2	
		NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT .....			3	
		NO TB MEDICINES STORED IN CLINIC/UNIT AREA .....			4	→ 723

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
718	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES	YES ..... 1 BULK MEDICINES NOT IN THIS CLINIC/UNIT . 2				→ 721	
719	ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a				b	
		ALL UNITS VALID	OBSERVED AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
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-Aminosalicylic 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	QUESTION DELETED		
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	QUESTION DELETED		
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	QUESTION DELETED		
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 DON'T KNOW ..... 9998 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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	→ 734 → 734 → 737 → 737
733a	CLARIFY IF THE HIV TESTING IS LINKED WITH VCT OR CT SERVICES IN OTHER UNIT, OR IF THIS UNIT PROVIDES HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS.	HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS ..... 1 HIV TESTING COORDINATED WITH OTHER VCT SERVICES ..... 2	→ 737 & Q:VCT → 737

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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"/>	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
739	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 12 HOUR CLOCK		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

**SECTION H: COUNSELING AND TESTING**

QRE TYPE  H

Code of facility:            
 COUNTRY DISTRICT FACILITY

Interviewer Code:

800	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	LINE AND CLINIC/UNIT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LINE UNIT
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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	<input type="text"/> <input type="text"/>
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**ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.**

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 Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. 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.

The information you provide 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?

801	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
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802	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"/> <input type="text"/> <input type="text"/>
		12 HOUR CLOCK		DAY	MONTH	YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
803	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.  Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b> .	NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/>	
804	QUESTION DELETED		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
805	How many days each month are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER MONTH . . . . . <input type="text"/> <input type="text"/>				
806	How many days each month are blood drawing or testing services for HIV available in this clinic/unit?	DAYS PER MONTH . . . . . <input type="text"/> <input type="text"/>				
807	When a client is referred for, or receives an HIV test, are they counseled here?	YES . . . . . 1 NO . . . . . 2				→ 809
808	Is counseling provided routinely?  IF YES, Is counseling always provided by a counselor who has received training?  ASK ABOUT EACH TYPE OF 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	
809	Do you have any written guidelines related to HIV test counseling?	YES . . . . . 1 NO . . . . . 2				→ 811
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	2	3	4	
02	Other guidelines on counseling for HIV testing (1)	1	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	Written informed consent that client must sign	1	2	3	4	
09	Policy on confidentiality regarding disclosure of HIV status (subset of 1)	1	2	3	4	
10	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1	////	3	4	
11	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.	1) YEARS <input type="text"/> <input type="text"/>				→ 812
		2) MONTHS <input type="text"/> <input type="text"/>				

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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		Q: HW → 814
		YES, NOT PRESENT TODAY. . . . .	2		
		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		
		INDIVIDUAL AND GROUP. . . . .	3		
		NO PRETEST COUNSELING. . . . .	4		→ 817
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"/>	
		NUMBER OF SESSIONS		<input type="text"/>	
		NO . . . . .	995		→ 817
816	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . .		<input type="text"/>	
817	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES . . . . .	1		
		NO . . . . .	2		→ 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	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 ↙ 02 ↘	3 ↙ 02 ↘	<input type="text"/>
					<input type="text"/>
					822 ↙
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 02b	2 ↙ 03 ↘	3 ↙ 03 ↘	<input type="text"/>
					<input type="text"/>
03	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	2 ↙ 819 ↘	3 ↙ 819 ↘	<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		
			2		
		NO . . . . .	3		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
822	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	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	→824a
824	Who contacts the partners of people testing positive for HIV? CIRCLE ALL THAT APPLY.	STAFF FROM THIS UNIT..... A STAFF FROM ANOTHER UNIT, THIS FACILITY..... B STAFF FROM ANOTHER FACILITY..... C OTHER _____ X (SPECIFY)	
824a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY	RAPPORT PROGRAM..... A PEER COUNSELING..... B VISIT SCHOOLS..... C OTHER _____ D (SPECIFY) NO ..... Y	
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	
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	Q: HW
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? ASK SEPARATELY FOR PREGNANT AND NON-PREGNANT YOUTH	1) IF PREGNANT AGE IN YEARS <input type="text"/> <input type="text"/> 2) IF NOT PREGNANT AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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			→ 833
		NO, CLIENT SENT TO LAB IN FACILITY... 3			
		NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB..... 4			→ 833
		NO, CLIENT SENT TO EXTERNAL UNAFFILIATED LAB..... 5			→ 833
		OTHER _____ 6			→ 833
		(SPECIFY)			
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 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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE-BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE-BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	MASKS	1	2	3	
19	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			
833	QUESTION DELETED				
834	How long have blood drawing or testing services for HIV 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.	1)	YEARS	<input type="text"/> <input type="text"/>	→ 835
		2)	MONTHS	<input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES		GO TO		
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 YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY. . . . . 2 ENTER CLINIC/UNIT LINE AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YES, BUT RECORDS KEPT IN LAB. . . . . 3 YES, BUT RECORDS KEPT IN STATISTICS/ MED RECORDS OFFICE [GO TO OFFICE TO COMPLETE Q836] . . . . . 4 OTHER _____ 6 (SPECIFY) NO . . . . . 7		→ 837 → 837 → 837 → 841		
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, NO NOT SEEN	VARIABLE IN RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING HIV TEST	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 FEMALE CLIENTS RECEIVING HIV TEST	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 CLIENTS AGE 15-24 YEARS	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 CLIENTS WITH POSITIVE HIV TEST RESULT	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 CLIENTS WHO RECEIVED TEST RESULTS	1 → 05b	2 06 ↙	3 06 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 06b	2 837 ↙	3 837 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
837	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS? IF YES, ASK FOR EACH TYPE OF INFORMATION AND CIRCLE ALL THAT APPLY.	YES, NEGATIVE TEST RESULTS . . . . . A YES, POSITIVE TEST RESULTS . . . . . B YES, COUNSELING . . . . . C NO . . . . . Y		→ 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/NO FIXED TIME . . . . . 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)				

NO.	QUESTIONS	CODING CATEGORIES	GO TO																		
840	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2																			
841	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER _____ ..... 6 SPECIFY NO INDIVIDUAL RECORD ..... 7																			
841a	Finally, I want to know if you/staff from this clinic/unit routinely provide services to other facilities? IF YES, WRITE THE NAME OF THE FACILITY, AND THE SAMPLE FACILITY NUMBER, IF RELEVANT.	NO, ONLY PROVIDE SERVICES IN THIS FACILITY ..... 1 YES, PROVIDE SERVICES IN OTHER FACILITIES ..... 2	→ 842																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">841b FACILITY NUMBER</th> <th style="width: 40%; text-align: center;">841c AVE. SERVICE DAYS PER MONTH</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>2) _____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>3) _____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>4) _____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>5) _____</td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>					841b FACILITY NUMBER	841c AVE. SERVICE DAYS PER MONTH	1) _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2) _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3) _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	4) _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	5) _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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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.</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></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>1) YEARS <input type="text"/> <input type="text"/></p> <p>2) MONTHS <input type="text"/> <input type="text"/></p>	→ 907
906	QUESTION DELETED		
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</p> <p>YES, ASSIGNED OTHER CLINIC/UNIT ... 2</p> <p>NO ONE PERSON IN CHARGE OF ART ... 3</p>	→ 910
908	What is the qualification of this director?	<p>CONSULTANT ..... 1</p> <p>MEDICAL DOCTOR ..... 2</p> <p>NURSE ..... 3</p> <p>OTHER _____ 6</p> <p>(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</p> <p>YES, BUT NOT THROUGH CHART/JH ..... 2</p> <p>NO ..... 3</p> <p>DON'T KNOW ..... 8</p>	
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>	<p>AZT+3TC (COMBIVIR) ..... A</p> <p>ZIDOVUDINE (ZDV, AZT) ..... B</p> <p>ABACAVIR/ABC ..... C</p> <p>DIDANOSINE/ddl ..... D</p> <p>EFAVIRENZ /EFZ / STOCORIN ..... E</p> <p>LAMIVUDINE/3TC ..... F</p> <p>NEVIRAPINE/NVP ..... G</p> <p>TENOFOVIR DISOPROXIL FUMARATE (VIREAD) ..... H</p> <p>INDINAVIR (CRIVAN) ..... I</p> <p>KALETRA (LOPINAVIR / RIONAVIR) .... J</p> <p>NELFINAVIR (VIRACEPT) ..... K</p> <p>RITONAVIR (NORVIR) ..... L</p> <p>SAQUINAVIR (INVIRASES) ..... M</p> <p>STAVUDINE/D4T ..... N</p> <p>OTHER _____ X</p> <p>SPECIFY</p>	
911	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	<p>KEPT IN THIS CLINIC/UNIT ..... 1</p> <p>KEPT IN PHARMACY ..... 2</p> <p>KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS	CODING CATEGORIES							GO TO																																																																																																	
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="7">ELIGIBILITY CRITERIA</th> </tr> <tr> <th>NOT APPLIC</th> <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></td> <td></td> <td>A → 02 B → 02</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y</td> <td></td> <td>A → 03 B → 03</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>A → 04 B → 04</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y</td> <td></td> <td>A → 05 B → 05</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>A → 06 B → 06</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y</td> <td></td> <td>A → 07 B → 07</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>A → 08 B → 08</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y</td> <td></td> <td>A → 09 B → 09</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>A → 10 B → 10</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>A → 913 B → 913</td> <td>C D E F G</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									ELIGIBILITY CRITERIA							NOT APPLIC	CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHERENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTEE	DOCTOR OPINION			A → 02 B → 02	C D E F G					Y		A → 03 B → 03	C D E F G							A → 04 B → 04	C D E F G					Y		A → 05 B → 05	C D E F G							A → 06 B → 06	C D E F G					Y		A → 07 B → 07	C D E F G							A → 08 B → 08	C D E F G					Y		A → 09 B → 09	C D E F G							A → 10 B → 10	C D E F G							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?            IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>	<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 ADDICTION . . . . . E            MENTAL ILLNESS . . . . . F            HOMELESS . . . . . G            ABILITY TO PAY . . . . . H            OTHER _____ X            (SPECIFY)            NO SOCIAL CRITERIA APPLIED . . . . . Y</p>																																																																																																								
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-trimoxizole . . . . . 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>																																																																																																								

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
915a	Do any patients receiving ART in this clinic/unit live in another country?	a) YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 916			
915b	IF YES, About how many are currently under the care of this clinic/unit?	b) 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> DON'T KNOW ..... 998				→ 916
915c	IF YES, From which countries? CIRCLE LETTER FOR COUNTRIES	c) GRENADA . . . . A    ANTIGUA . . . E    HAITI . . . I GUYANA . . . . . B    TOBAGO . . . F    D/REPUBLIC J SURINAME . . . . C    DOMINICA . . G    OTHER . . . X ST KITTS/NEV . D    JAMAICA . . . H    DK . . . . . Z				
916	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.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 918			
917	After the initial <u>TLC test</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?	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				
918	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.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 920			
919	After the initial <u>CD4 count</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?	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				
920	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.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 922			
921	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?	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				

NO.	QUESTIONS	CODING CATEGORIES				GO TO																																																																																
922	<p>For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.</p> <p style="text-align: center;">TEST CONDUCTED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ROUTINELY</th> <th style="text-align: center;">SELECTIVELY</th> <th style="text-align: center;">NEVER</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>04</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>05</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>06</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>07</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>08</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>09</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>10</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>11</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>12</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>13</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>14</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>15</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		ROUTINELY	SELECTIVELY	NEVER	DON'T KNOW	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8	04	1	2	3	8	05	1	2	3	8	06	1	2	3	8	07	1	2	3	8	08	1	2	3	8	09	1	2	3	8	10	1	2	3	8	11	1	2	3	8	12	1	2	3	8	13	1	2	3	8	14	1	2	3	8	15	1	2	3	8					
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923	<p>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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">ALWAYS</th> <th style="text-align: center;">SOMETIMES</th> <th style="text-align: center;">NEVER</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> </tbody> </table>	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8																																																																	
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924	<p>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".</p>	<p>PRESCRIBING PROVIDER . . . . . A NURSE . . . . . B COUNSELOR . . . . . C PHARMACIST . . . . . D CLINICAL PSYCHOLOGIST . . . . . E OTHER _____ X (SPECIFY) NO COUNSELING . . . . . Y</p>			→ 928																																																																																	
925	<p>In total, how many different people provide this counseling?</p>	<p>NUMBER OF PEOPLE DON'T KNOW . . . . . 98</p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																																																																																			
926	<p>Have all of the people you just mentioned, who provide counseling for ART, been trained in counseling for adherence to ART?</p>	<p>YES, ALL . . . . . 1 YES, SOME . . . . . 2 NONE . . . . . 3 DON'T KNOW . . . . . 8</p>			→ 928 → 928																																																																																	
927	<p>How many counselors attended any CHART or Johns Hopkins training on adherence counseling?</p>	<p>NUMBER TRAINED BY CHART/JH DON'T KNOW . . . . . 98</p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																																																																																			
928	<p>Are there any fees charged to the client for any services or items related to ART?</p>	<p>YES . . . . . 1 NO . . . . . 2</p>			→ 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	YES	(a) 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_1	ARV medicine	1 → 03b	2 04 ↙	3 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03_2					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



NO.	QUESTIONS	CODING CATEGORIES	GO TO
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/NO FIXED TIME . . . . 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)	
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 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	DISTRIBUTE ARVS . . . . . A REFER FOR ART ELIGIBILITY . . . . . B HOME CARE . . . . . C CLIENT TREATMENT SUPPORT . . . . . D PRETEST COUNSELING . . . . . E PREVENTIVE EDUCATION . . . . . F ADHERENCE COUNSELING . . . . . G EMOTIONAL/SOCIAL SUPPORT . . . . . H DEFAULTER FOLLOW-UP . . . . . I YES, NOT HIV/AIDS RELATED . . . . . J YES, OTHER HIV/AIDS RELATED . . . . . X _____ (SPECIFY) NO . . . . . Y	→ 956
951	When clients are referred to community based health workers, do you use a referral form? IF YES, ASK TO SEE THE FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3	→ 952



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

**Code of facility:**                     QRE TYPE  J

COUNTRY    DISTRICT    FACILITY

**Interviewer Code:**   

1000	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LINE                      UNIT
		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"/>
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**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.**

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 Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)  
 Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. 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.  
 The information you provide 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?

1001	Do I have your agreement to participate? Thank you. Let's begin now.	YES..... 1 NO ..... 2	→STOP
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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"/> <input type="text"/> <input type="text"/>
		12 HOUR CLOCK	DAY	MONTH	YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1003	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.  Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b> .	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.	NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1004	DESCRIBE THE PMTCT SERVICE DELIVERY SETTING FOR THIS CLINIC/UNIT.	SEPARATE PMTCT SERVICES ..... 1 PMTCT AND VCT SERVICES TOGETHER ..... 2 PMTCT WITH ANC SERVICES ..... 3 PMTCT WITH ANC AND DELIVERY (ONE SYSTEM) . . 4 PMTCT WITH DELIVERY BUT NOT ANC ..... 5 PMTCT WITH OTHER TYPE OF CLINIC/UNIT ..... 6				
1005	How long have PMTCT 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.	1)	YEARS	<input type="text"/>	<input type="text"/>	→1006
		2)	MONTHS	<input type="text"/>	<input type="text"/>	
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	
02	Group pretest information or counseling	1	2	3	4	
03	Individual HIV pretest information or counseling	1	2	3	4	
04	Individual HIV post-test counseling	1	2	3	4	
05	Couples counseling for women who are HIV positive	1	2	3	4	
06	Counseling on infant feeding to HIV positive women	1	2	3	4	
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4	
08	Counseling on family planning	1	2	3	4	
09	Family planning services	1	2	3	4	
10	ARV prophylaxis for woman	1	2	3	4	
11	ARV prophylaxis for newborn	1	2	3	4	
12	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	
13	Follow-up counseling for HIV positive women	1	2	3	4	
14	ART for HIV positive women	1	2	3	4	
15	ART for family members of HIV positive women	1	2	3	4	
16	Women-to-Women support groups	1	2	3	4	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1007	Do you have any written guidelines related to PMTCT or HIV test counseling?	YES, GUIDELINES AVAILABLE ..... 1 NO GUIDELINES AVAILABLE ..... 2				→1009
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	2	3	4	
05	Other Guidelines on counseling for HIV testing (1)	1	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	Pre test and post test counseling is routine (subset of 1)	1	2	3	4	
10	Policy on informed consent (subset of 1)	1	2	3	4	
11	Written informed consent that client must sign	1	2	3	4	
12	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4	
13	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1	////	3	4	
14	HIV testing procedures	1	////	3	4	
15	Youth Friendly Services (3)	1	2	3	4	
1009	FILTER: IS THIS AN INPATIENT CLINIC/UNIT?	YES ..... 1 NO ..... 2				→ 1011
1010	Does this unit ever provide PMTCT services for outpatient clients?	YES ..... 1 NO ..... 2				→ 1076
1011	CHECK Q1006 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN IN THIS CLINIC/UNIT.	YES ..... 1 NO ..... 2				→ 1014
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 BASED ON SOCIAL/MEDICAL HISTORY ..... 3 OTHER _____ 6 (SPECIFY)				
1013	How many days each week are blood drawing or testing services for HIV 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 →1017 CLIENT SENT TO PMTCT-ONLY CLINIC/UNIT . . . . 3 →1017 CLIENT SENT TO OTHER CLINIC/UNIT . . . . . 4 →1017 <b>BLOOD DRAWN IN THIS CLINIC/UNIT</b> AND SENT TO LAB . . . . . 5 CLIENT SENT TO LAB . . . . . 6 →1017 <b>OUTSIDE FACILITY</b> VCT STAND-ALONE SITE . . . . . 7 →1017 (V)CT CLINIC/UNIT IN OTHER FACILITY . . . . . 8 →1017 PMTCT STAND-ALONE SITE . . . . . 9 →1017 PMTCT CLINIC/UNIT IN OTHER FACILITY . . . . .10 →1017 OUTSIDE, AFFILIATED LABORATORY . . . . . 11 →1017 OUTSIDE, UNAFFILIATED LABORATORY . . . . .12 →1017 DISTRICT OR REGIONAL HOSPITAL . . . . .13 →1017 OTHER _____ . . . . .96 (SPECIFY)																																																										
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	<table border="1"> <thead> <tr> <th data-bbox="808 604 971 730">OBSERVED</th> <th data-bbox="971 604 1149 730">REPORTED, NOT SEEN</th> <th data-bbox="1149 604 1403 730">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="808 730 971 772">1 → 04</td> <td data-bbox="971 730 1149 772">2</td> <td data-bbox="1149 730 1403 772">3</td> </tr> <tr> <td data-bbox="808 772 971 814">1</td> <td data-bbox="971 772 1149 814">2</td> <td data-bbox="1149 772 1403 814">3</td> </tr> <tr> <td data-bbox="808 814 971 856">1</td> <td data-bbox="971 814 1149 856">2</td> <td data-bbox="1149 814 1403 856">3</td> </tr> <tr> <td data-bbox="808 856 971 898">1 → 06</td> <td data-bbox="971 856 1149 898">2</td> <td data-bbox="1149 856 1403 898">3</td> </tr> <tr> <td data-bbox="808 898 971 940">1</td> <td data-bbox="971 898 1149 940">2</td> <td data-bbox="1149 898 1403 940">3</td> </tr> <tr> <td data-bbox="808 940 971 982">1 → 08</td> <td data-bbox="971 940 1149 982">2</td> <td data-bbox="1149 940 1403 982">3</td> </tr> <tr> <td data-bbox="808 982 971 1024">1</td> <td data-bbox="971 982 1149 1024">2</td> <td data-bbox="1149 982 1403 1024">3</td> </tr> <tr> <td data-bbox="808 1024 971 1066">1</td> <td data-bbox="971 1024 1149 1066">2</td> <td data-bbox="1149 1024 1403 1066">3</td> </tr> <tr> <td data-bbox="808 1066 971 1108">1</td> <td data-bbox="971 1066 1149 1108">2</td> <td data-bbox="1149 1066 1403 1108">3</td> </tr> <tr> <td data-bbox="808 1108 971 1150">1 → 12</td> <td data-bbox="971 1108 1149 1150">2</td> <td data-bbox="1149 1108 1403 1150">3</td> </tr> <tr> <td data-bbox="808 1150 971 1192">1</td> <td data-bbox="971 1150 1149 1192">2</td> <td data-bbox="1149 1150 1403 1192">3</td> </tr> <tr> <td data-bbox="808 1192 971 1234">1</td> <td data-bbox="971 1192 1149 1234">2</td> <td data-bbox="1149 1192 1403 1234">3</td> </tr> <tr> <td data-bbox="808 1234 971 1276">1</td> <td data-bbox="971 1234 1149 1276">2</td> <td data-bbox="1149 1234 1403 1276">3</td> </tr> <tr> <td data-bbox="808 1276 971 1318">1</td> <td data-bbox="971 1276 1149 1318">2</td> <td data-bbox="1149 1276 1403 1318">3</td> </tr> <tr> <td data-bbox="808 1318 971 1360">1</td> <td data-bbox="971 1318 1149 1360">2</td> <td data-bbox="1149 1318 1403 1360">3</td> </tr> <tr> <td data-bbox="808 1360 971 1402">1</td> <td data-bbox="971 1360 1149 1402">2</td> <td data-bbox="1149 1360 1403 1402">3</td> </tr> <tr> <td data-bbox="808 1402 971 1444">1</td> <td data-bbox="971 1402 1149 1444">2</td> <td data-bbox="1149 1402 1403 1444">3</td> </tr> <tr> <td data-bbox="808 1444 971 1486">1</td> <td data-bbox="971 1444 1149 1486">2</td> <td data-bbox="1149 1444 1403 1486">3</td> </tr> </tbody> </table>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	1 → 04	2	3	1	2	3	1	2	3	1 → 06	2	3	1	2	3	1 → 08	2	3	1	2	3	1	2	3	1	2	3	1 → 12	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
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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	→1021a																																																									

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 YES, NOT PRESENT TODAY ..... 2 NO ..... 3			Q:HW →1021
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. IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY ..... 2 VISUAL PRIVACY ONLY ..... 3 NO PRIVACY ..... 4			
1021a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY.	RAPPORT PROGRAM ..... A PEER COUNSELING ..... B VISIT SCHOOLS ..... C OTHER _____ D (SPECIFY) NO ..... Y			
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES ..... 1 NO ..... 2			→1026
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			Q:HW
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 _____ X (SPECIFY)			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth?  PROBE FOR STANDARD PROCEDURE FOR OFFERING HIV TEST FOR INFANT. IT IS UNDERSTOOD THAT MOTHER MAY NOT WANT INFANT TO RECEIVE TEST.	YES, FOR ALL HIV POSITIVE WOMEN ..... 1 YES, FOR FACILITY DELIVERIES ONLY ..... 2 NO, ROUTINELY TESTED AT OTHER TIME ..... 3 RECORD YOUNGEST AGE AGE IN MONTHS ..... <input type="text"/> <input type="text"/>  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 TENOFVIR 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 _____	
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 (START 32-36 WKS) ..... 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
1039	<p>Do any patients receiving PMTCT 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? CIRCLE LETTER FOR COUNTRIES</p>	<p>a) YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p> <p>b) NUMBER OF PATIENTS <input type="text"/><input type="text"/><input type="text"/>  DON'T KNOW ..... 998</p> <p>c) GRENADA ... A ANTIGUA .... E HAITI .... I  GUYANA ... B TOBAGO .... F D/REPUB .... J  SURINAME ... C DOMINICA .... G OTHER _____ X  ST KITTS/NEV .. D JAMAICA .... H DK ..... Z</p>	<p>→ 1040  → 1040</p>
1040	<p>Can I look at the ANC records, including those that provide information on any PMTCT counseling and testing services?</p> <p>Are there records of first-visit ANC clients (admissions)?  IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.</p>	<p>YES, OBSERVED ..... 1  YES, REPORTED, NOT SEEN ..... 2  NO ..... 3</p>	<p>→1043  →1043</p>
1041	<p>RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS (OR ADMISSIONS) DURING THE PAST 12 MONTHS.</p>	<p>NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	
1042	<p>INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1041.</p>	<p>MONTHS OF DATA ..... <input type="text"/><input type="text"/></p>	
1043	<p>CHECK Q1006 (02) TO SEE IF GROUP PRE-TEST INFORMATION OR COUNSELING IS PROVIDED BY CLINIC/UNIT.</p>	<p>YES ..... 1  NO ..... 2</p>	<p>→ 1046</p>
1044	<p>Are there records of the group pretest information sessions?  IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.</p>	<p>YES, NUMBER OF SESSIONS ..... <input type="text"/><input type="text"/><input type="text"/>  NO ..... 995</p>	<p>→1046</p>
1045	<p>RECORD THE NUMBER OF MONTHS OF DATA AVAILABLE IN Q1044.</p>	<p>MONTHS OF DATA ..... <input type="text"/><input type="text"/></p>	
1046	<p>Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?</p>	<p>YES ..... 1  YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT ..... 2  NO ..... 3</p>	<p>→ 1051  → 1051</p>

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)		(b)		
		RECORD/REGISTER			NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 → 02	3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 05
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 02b	2 → 03	3 → 03		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	2 → 04	3 → 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → 04b	2 → 05	3 → 05		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → 05b	2 → 06	3 → 06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → 06b	2 → 07	3 → 07		<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	
1048	IS THE INFORMATION IN Q1041 AND Q1047 FOR THE SAME GROUP OF WOMEN?	YES ..... 1 NO ..... 2				
1049	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 COUNSELING PROVIDED ..... 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 ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3				
1051	Is there any record of the HIV status of infants born to HIV positive women?	YES, THIS FACILITY ..... 1 YES, MAINTAINED NATIONAL LEVEL ONLY ... 2 NO RECORD ..... 2 SEROSTATUS NOT ASSESSED ..... 3			→1055 →1055 →1055	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
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)		(b)		
		RECORD/REGISTER			NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT NOT SEEN	AVAIL	NUMBER OF INFANTS	MONTHS OF DATA
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	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	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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	NUMBER OF HIV POSITIVE INFANTS	1 → 03b	2 → 1053	3 → 1053	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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 YES, AT NATIONAL LEVEL ONLY ..... 2 NO ..... 3				
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/NO FIXED TIME ..... 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 _____ (SPECIFY) ..... X				
1059	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1060	CHECK Q 1006 (10) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES ..... 1 NO ..... 2	→1069a
1061	Is there a record that indicates the HIV positive ANC clients who received ARV 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 ARV prophylaxis before delivery?	NUMBER WOMEN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROPHYLAXIS DON'T KNOW ..... 9998	
1064	How many of the newborns of women in Q1062 were provided the ARV prophylactic dose? IF ARV IS PROVIDED FOR INFANT 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 ARV prophylaxis through this clinic?	YES ..... 1 NO ..... 2	→1069a
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/NO FIXED TIME ..... 4	
1068	Where are reports on ANC clients receiving ARV 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	
1069a	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD ..... 7	

NO.	QUESTIONS	CODING CATEGORIES		GO TO	
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	→1073	
		YES, REPORTED, NOT SEEN . . . . .	2	→1073	
		NO . . . . .	3		
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 NOT AVAIL SEEN	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"/>
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"/>
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"/>
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"/>
05	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → 05b	2 → 1073 3 → 1073	<input type="text"/>	<input type="text"/>
1072	QUESTION DELETED				
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		
		WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT . . . . .	3		
		NO . . . . .	4		
		ART TREATMENT NOT AVAILABLE . . . . .	5	→1076	
1074	QUESTION DELETED				
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		
		WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT . . . . .	3		
		NO . . . . .	4		
		ART TREATMENT NOT AVAILABLE . . . . .	5		
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		
		INFORMATION COLLECTED IN OTHER PMTCT QRE . . . . .	3	→1083	



NO.	QUESTIONS	CODING CATEGORIES			GO TO
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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	MASKS	1	2	3	
20	GOGGLES / GLASSES	1	2	3	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>					
1083	RECORD THE TIME AT END OF INTERVIEW	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="margin: 0 5px;">:</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
12 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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Clinic/Unit Code for provider</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>QRE TYPE</b> <input type="checkbox"/> K <input type="checkbox"/>
	COUNTRY DISTRICT FACILITY				LINE UNIT		
<b>Interviewer Code:</b>	..... <input type="text"/> <input type="text"/>			<b>Staff line number from staff listing</b>	<input type="text"/> <input type="text"/>		
<b>DATE:</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"/>	<b>Provider Sex:</b>	(1=MALE; 2=FEMALE) <input type="text"/>		
	DAY	MONTH	YEAR	<b>Provider Status:</b>	(1=Assigned; 2=Seconded) <input type="text"/>		

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 this facility inventory and asking your consent to participate

My name is \_\_\_\_\_. We are here on behalf of Ministry of Health, based in \_\_\_\_\_ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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"/>	
		(12 HOUR CLOCK)	

**EDUCATION AND EXPERIENCE**

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	What year did you start working in this facility?	YEARS. .... <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/PHYSICIAN ..... 03 INTERN ..... 04 NURSE-MIDWIFE ..... 05 NURSE ..... 06 MIDWIFE ..... 07 FAMILY NURSE PRACTITIONER ..... 08 NURSING ASSISTANT ..... 09 CLINIC AIDE/PCA ..... 10 PUBLIC HEALTH / COMMUNITY HEALTH NURSE ..... 11 COMMUNITY HEALTH WORKER ..... 12 COMMUNITY HEALTH AIDE ..... 13 DISTRICT 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?	YEARS. .... <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.	1) YEARS. .... <input type="text"/> <input type="text"/> 2) MONTHS. .... <input type="text"/> <input type="text"/>	→ 107
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"/>	
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	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO	
113	What is the age that youth can receive services here without parental consent? Tell me if the age is different depending on whether the youth is pregnant, or not pregnant.	1)	AGE IN YEARS	<input type="text"/>	<input type="text"/>	
		2)	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 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 SERVICES</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 SERVICES</b>					
118	In your current position at this facility, do you ever personally provide <b>tuberculosis service</b> ? Have you ever received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services.	YES PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2		→ 120	
119	Please indicate whether you provide services 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 → c NO 2 → c		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 → c NO 2 → c		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 → c NO 2 → c		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 → c NO 2 → c		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 → c NO 2 → c		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>counseling for HIV testing or for other services</b> , OR have you received training on such services?	YES PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2		→ 122	

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	
121	Please indicate whether you provide or have had formal training in the following services:					
01	HIV pre-test counseling	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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
02	HIV post-test counseling	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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
03	Follow-up counseling for HIV, after initial post-test counseling or emotional support	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
04	Contact tracing (contacting partners testing positive for HIV)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 05	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
05	Ordering or prescribing HIV tests	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 06	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
07	Nutrition counseling for newborns of HIV infected women	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 08	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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="text"/>	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  OTHER  DON'T KNOW	A B X  Y  Z
09	Counseling or prescribing ARV for post-exposure prophylaxis	YES 1 → c NO 2 → c		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  OTHER  DON'T KNOW	A B X  Y  Z
10	Education for patient and families on HIV care	YES 1 → c NO 2 → c		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  OTHER  DON'T KNOW	A B X  Y  Z
11	Nutrition counseling to HIV/AIDS infected clients	YES 1 → c NO 2 → c		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  OTHER  DON'T KNOW	A B X  Y  Z
12	Primary prevention of HIV, such as behavior change, education, partner counseling, condom promotion and distribution	YES 1 → c NO 2 → c		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  OTHER  DON'T KNOW	A B X  Y  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 PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2	→ 124	

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	
123	Please indicate whether you provide or have had formal training in the following services:					
01	Clinical management of neurological disorders related to AIDS	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
06	Ordering or prescribing laboratory tests for monitoring ART	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 07	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING . . . . . 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 or prophylactic treatment for TB (INH or isoniazid)	YES 1 → c NO 2 → c		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 or prophylactic treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 → c NO 2 → c		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 → c NO 2 → c	<table border="1" data-bbox="641 848 773 894"><tr><td> </td><td> </td></tr></table>			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 → c NO 2 → c		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 → c NO 2 → c		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 PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING . . . . . 2				→ 128	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
		(a) PROVIDE SERVICE	(b) TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Please indicate whether you provide or have had formal training in the following services:  Nursing care for HIV/AIDS patients	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
02	Training caregivers and/or patients in HIV/AIDS care	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
04	Home-based services for people living with HIV/AIDS and their families	YES 1 → c 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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  Z
05	Home-based support services (social work) for people living with HIV/AIDS and their families	YES 1 → c 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 MOH OTHER  OTHER  DON'T KNOW	A B X  Y  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 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		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	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)	(c) NUMBER OF PATIENTS IN LAST MONTH
01	HIV testing	YES 1 NO 2 → 02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	Counseling around HIV testing	YES 1 NO 2 → 03	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	Treatment of opportunistic infections for people with HIV/AIDS	YES 1 NO 2 → 04	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	Prescribing ARVs for prevention of mother to child transmission	YES 1 NO 2 → 05	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	Prescribing ARVs as treatment	YES 1 NO 2 → 06	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	Home-based care for people with HIV/AIDS	YES 1 NO 2 → 07	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07	Pediatric AIDS care	YES 1 NO 2 → 132	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<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	→ 135	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO	
	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY		
01	Sputum diagnosis of TB	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH MOH OTHER _____ OTHER _____ DON'T KNOW	A B X Y Z	
02	HIV testing	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH MOH OTHER _____ OTHER _____ DON'T KNOW	A B X Y Z	
03	Drawing blood for HIV tests	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH MOH OTHER _____ OTHER _____ DON'T KNOW	A B X Y Z	
04	Laboratory tests for monitoring ART	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 134	CHART / JH MOH OTHER _____ OTHER _____ DON'T KNOW	A B X Y 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	NONE	
01	_____			1	2	4 → 137	
02	_____			1	2	4	

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/ OTHER ..... C</p> <p>CLINICAL SERVICES ..... D</p> <p>PREVENTIVE/PROPHYLACTIC THERAPEUTIC ..... E</p> <p>CARE AND SUPPORT FOR HIV/AIDS ..... F</p> <p>LAB SERVICES FOR TB OR HIV TESTS ..... G</p> <p>OTHER _____ X</p> <p>SPECIFY _____</p> <p>NO INFORMAL TRAINING ..... Y</p>	
<b>PERSONAL WORK 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 DISINFECTAN. .... 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>(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 <u>not</u> 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>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
143	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.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE..... 4	
144	Health providers have a right to know the HIV status of all patients.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE ..... 4	
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 <input type="text"/> <input type="text"/> 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 ..... <input type="text"/> <input type="text"/>	
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 ..... <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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? (WRITE '90' IF 90 OR MORE TIMES)	NUMBER <input type="text"/> <input type="text"/> OF TIMES	
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↓ 8↓ 07 07	
05	Give you verbal feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your 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 NO ..... 2	→ 160
159	Which type of salary supplement do you receive? CIRCLE ALL THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT ..... A PER DIEM 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 NO ..... 2	→ 162

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO				
161	Describe any incentives that you have received.	UNIFORMS, BACKPACKS, CAPS ETC. .... A FREE TICKETS FOR CARE. .... B TRAINING. .... C FOOD RATION. .... D OTHER _____ X (SPECIFY)					
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>	MORE SUPPORT FROM SUPERVISC. .... A MORE KNOWLEDGE/TRAINING. .... B MORE SUPPLIES/STOCK ..... C BETTER QUALITY EQUIPMENT/ ..... D LESS WORKLOAD (i.e. MORE STAFF) ..... E BETTER WORKING HOURS ..... F MORE INCENTIVES ..... G TRANSPORTATION FOR PATIENTS ..... H PROVIDING ART ..... I INCREASED SECURITY ..... J BETTER FACILITY INFRASTRUCTUR. .... K MORE AUTONOMY/INDEPENDENCE ..... L EMOTIONAL SUPPORT FOR STAFF ..... M ACTIVITIES) ..... M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)					
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>							
163	RECORD THE TIME AT END OF INTERVIEW <table border="1" data-bbox="532 940 769 999" style="margin-left: auto; margin-right: 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> </table> 12 HOUR CLOCK						
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							



