

# Saint Kitts and Nevis

*St. Kitts*

Caribbean Region

HIV and AIDS Service Provision

Assessment Survey 2006

U.S. Agency for International Development  
Office of the Representative to Barbados

MEASURE Evaluation

St. Georges University, Grenada

August 2007



**USAID**  
FROM THE AMERICAN PEOPLE





SAINT KITTS  
CARIBBEAN REGION  
HIV AND AIDS  
SERVICE PROVISION ASSESSMENT SURVEY 2005

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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 Center
CARICOM	The Caribbean Community and Common Market
CCH	Caribbean Co-operation on Health
CHART	Caribbean HIV/AIDS Regional Training Initiative
CIMT	Caribbean Indicators and Measurement Tools
CPT	Cotrimoxazole Preventive Treatment
CT	Counseling and Testing
CSME	CARICOM Single Market and Economy
CSS	Care and Support Services
CSW	Commercial Sex Workers
DOTS	Direct Observed Treatment Short-course Strategy
FPS	Fortified Protein Supplementation
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HSPA	HIV and AIDS Service Provision Assessment
INH	Isoniazid
IV	Intravenous
MOH	Ministry of Health
MSM	Men who have Sex with Men
NACHA	National Advisory Council on HIV/AIDS
NAP	National AIDS Program
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OECS	Organization of Eastern Caribbean States
OIs	Opportunistic Infections
PAHO	Pan-American Health Organization
PANCAP	Pan Caribbean Partnership for HIV/AIDS
PCP	Pneumocystis Carinii Pneumonia
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother-To-Child Transmission
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory Test
WHO	World Health Organization
YFS	Youth-Friendly Services



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## EXECUTIVE SUMMARY

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### Summary of Key Findings

The HIV and AIDS Service Provision Assessment (HSPA) was developed to assess the quality and capacity of HIV- and AIDS-related services in high prevalent situations. However, the findings of the Eastern Caribbean HSPA need to be interpreted within a low prevalence context. Small islands with few facilities may not require all of the HIV- and AIDS-related services to be at full capacity in every facility. Nevertheless, an efficient system to identify, counsel and treat those who are HIV-positive and to prevent the spread of the virus requires a quality HIV testing and counseling system, accessible antiretroviral treatment (ART), treatment services for opportunistic infections (OIs), and a prevention strategy that reaches the vulnerable and at-risk populations. A solid record-keeping and reporting system is essential for monitoring and surveillance of the epidemic and to assess the capacity of the health system to respond. No matter what level health planners decide is best for the country, each service should be provided at the highest quality possible. The results of the 2006 Saint Kitts 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 Saint Kitts, 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 Saint Kitts HSPA captured information on these region-specific indicators in addition to the standard HSPA indicators. 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. In the case of Saint Kitts, the sample represents a census of 17 facilities (13 public), including hospitals, health centers, specialized clinics and laboratories. The HIV- and AIDS-related services that were assessed include counseling and testing capability, care and support services (CSS), 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:

#### Region specific findings—

- ▶ Ten of the 11 public facilities surveyed with an HIV testing system had at least one counselor trained in pre- and post-test counseling by the Caribbean HIV/AIDS Regional Training Initiative (CHART)/Johns Hopkins University (JHU).
- ▶ Of the two facilities that provide antiretroviral therapy (ART), one reported having a director of ART trained by (CHART)/JHU.

- ▶ Almost all of the providers of HIV- and AIDS-related counseling were trained in their area of counseling in the past 3 years.
- ▶ Sixty-three percent of the public health workers surveyed had a positive attitude towards PLHIV.
- ▶ There was no evidence that foreign nationals are seeking HIV and AIDS services in Saint Kitts.

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

- ▶ Eighty-five percent of the public facilities surveyed have an HIV testing system.
- ▶ All public facilities with an HIV testing system had at least one trained counselor in pre- and post-test counseling and offer STI services.
- ▶ Among facilities with HIV testing systems, none met all of the requirements for a complete system.
- ▶ Four of the facilities with an HIV testing system have youth-friendly HIV testing services and at least one trained provider in YFS, but these facilities lack YFS protocols and policies at service units.

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

- ▶ In 31 percent of public facilities, at least half of the providers of TB, malaria or STI services had received related training during the past 3 years.
- ▶ Although all of the public facilities offering any tuberculosis treatment services reported following Direct Observed Treatment Short-course Strategy (DOTS), there was a lack of all first line TB medicines available at TB service sites and items for conducting sputum tests for TB.
- ▶ With the exception of condoms, facilities offering STI services were missing key components of care. Less than 50 percent had observed treatment protocols in all relevant units, and there was a lack of STI medicines.
- ▶ All the facilities offering CSS for HIV and AIDS clients offer treatment for opportunistic infections, but none offer palliative care.

#### **Availability of advanced-level care and support services—**

- ▶ There is a good infrastructure for inpatient HIV and AIDS services; although there is opportunity for care and treatment services to be scaled up.
- ▶ There is a lack of protocols and guidelines for OIs, palliative care, children living with HIV and AIDS and adults living with HIV and AIDS.

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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.

- ▶ There is a lack of medicines to treat cryptococcal meningitis, herpes and herpes ophthalmic infection.
- ▶ The capacity to carry out laboratory tests seems to have attained a reasonable level.
- ▶ ARV stock and storage conditions need to be scaled up.
- ▶ Facilities lack PEP medicines.
- ▶ The record-keeping system for client appointments is inconsistent.
- ▶ There is an opportunity to identify scale-up for ART and improve record-keeping systems.
- ▶ Sixty-seven percent of public facilities offering CSS have a referral system for home-based care services (HCS).
- ▶ Only 9 percent of facilities offering PMTCT services have all the items for the indicator (pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral).



# CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN SAINT KITTS AND NEVIS

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## 1.1 BACKGROUND

Located in the Caribbean Sea, the twin island Federation of Saint Kitts and Nevis occupies a total of 261 sq km (Saint Kitts 168 sq km, Nevis 93 sq km). The nation is roughly one and one-half times the size of Washington, DC and is approximately one-third the distance from Puerto Rico to Trinidad and Tobago. The country is home to just under 50,000 Kittitians and Nevisians, who are primarily of African descent. The country is divided into 14 parishes: Saint George Basseterre, Saint Peter Basseterre, Saint Mary Cayon, Christ Church Nichola Town, Saint John Capesterre, Saint Paul Capesterre, Saint Anne Sandy Point, Saint Thomas Middle Island, Trinity Palmetto Point, Saint Paul Charlestown, Saint Thomas Lowland, Saint James Windward, Saint George Gingerland, and Saint John Fig Tree. A member of the Commonwealth of Nations, Saint Kitts and Nevis received its independence from the United Kingdom in 1983. The official language is English and the legal system is based on English Common Law. The 2001 unemployment rate was 5 percent. The total fertility rate for the nation is 2.31 children born/woman (2006). The 2006 estimated population growth rate was 1.3 percent (2005) and the net migration rate was +6.4 migrants/1,000 population (2005).

## 1.2 HIV AND AIDS IN THE CARIBBEAN

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

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



Seventy-nine percent of persons living with HIV and AIDS (PLWHA) in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the “epicenter of the epidemic in the Caribbean region and the Western Hemisphere.”<sup>2</sup>

### 1.3 HIV AND AIDS IN SAINT KITTS AND NEVIS

During the years 1996-1997 there were 58 HIV-positive cases. In 1998-2000, 16 males and 18 females were reported as having AIDS with 26 deaths attributed to AIDS. There was one case where a child under five whose mother was HIV-positive died.<sup>3</sup> As reported by CAREC, during the period 1984–1993, there were 36 deaths due to AIDS and 33 reported for the period 1994–2002.<sup>4</sup>

### 1.4 SELECTED HEALTH AND DEMOGRAPHIC CHARACTERISTICS

As of 2004, 41 percent of the population of Saint Kitts and Nevis was under the age of 20. The population of Saint Kitts and Nevis is roughly evenly split between males and females. Life expectancy for females (74.32 years) is greater than that of males (68.61 years). There were 4,275 live births from the years 1996-2000, and the crude birth rate was approximately 21 per 1,000 population during that same period. The average annual fertility rate for women aged 19–49 was 2.6 children per woman. In 1996, the leading causes of death for adults were malignant neoplasm, myocardial infarction, accidents/injuries and cerebrovascular accidents.<sup>5</sup> The 2004 adult mortality rate (m/f) per 12,000 was 197/145.<sup>6</sup>

### 1.5 GENERAL ORGANIZATION OF THE HEALTH SYSTEM

The Ministry of Health (MOH) organizes the health system, and policies regarding health in the nation are suggested by the Caribbean Co-operation in Health (CCH), an organization that can take into account a complete health profile that addresses all areas and include: Health Systems Development, Human Resource Development, Family Health, Food and Nutrition, Chronic Non-Communicable Diseases, Communicable Diseases, Mental Health and Environmental Health. Policies are then executed through support from the other areas of government to facilitate multisectoral analysis of problems.<sup>7</sup>

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<sup>2</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.

<sup>3</sup>Pan American Health Organization (PAHO). 2001. Basic Country Health Profile for the Americas: Saint Kitts and Nevis. Available at [http://www.paho.org/English/DD/AIS/cp\\_659.htm](http://www.paho.org/English/DD/AIS/cp_659.htm).

<sup>4</sup>Caribbean Epidemiology Center (CAREC). Reporting Tool for AIDS. Available at <http://carec.net/AIDS/report.php?country%5B%5D=16&aliveordeadstarttime=1984&endtime=2006&dispalcolum=10>.

<sup>5</sup>PAHO. 2001. Basic Country Health Profile for the Americas: Saint Kitts and Nevis.

<sup>6</sup>World Health Organization (WHO). Saint Kitts and Nevis. Available at <http://www.who.int/countries/kna/en> (accessed November 15, 2006).

<sup>7</sup>Ibid.

## 1.6 FUNDING OF THE HEALTH SECTOR

Health services that are provided in hospitals and clinics in Saint Kitts and Nevis are paid for by the government. In addition to “in-house” medical care, the government also arranges for necessary procedures to be performed at larger better-equipped institutions in Barbados, Trinidad and Jamaica. The actual government recurrent expenditure on health for the entire Federation has averaged 10.5 percent of total recurrent disbursements over the period, 1991–1995. This ranks health as the third largest recipient of government's financial resources, behind finance (26.6 percent) and education (15.4 percent). The total expenditure on health as a percentage of GDP (2003) was 5.3. General government expenditure on health as a percentage of total government spending was 11.4, and the per capita total expenditure on health at the 2003 international dollar rate was 670.<sup>8</sup>

## 1.7 HEALTH INSURANCE ORGANIZATIONS

A major problem in the nation of Saint Kitts and Nevis is the lack of a provider payment mechanism and absence of a National Health Insurance Scheme. According to PAHO, “the Social Security Scheme fulfills some health insurance functions, providing injury benefits.” Workers are mandated to contribute to this plan. Health insurance is provided by many large employers, such as the government. Insurance benefits often include plans for pharmaceuticals, screening, psychiatric care, hospital confinement and travel insurance.<sup>9</sup>

## 1.8 GENERAL ORGANIZATION OF THE PUBLIC HEALTH SECTOR

The MOH outlines the structure and administration of health services. The Minister of Health has responsibility to Cabinet for implementing relevant policy decisions, while the Permanent Secretary performs the role of Chief Administrative Officer, and the Chief Medical Officer has responsibility for coordinating the delivery of health services throughout the State. These positions are federal in scope and applicable to both Saint Kitts and Nevis. However, under the unique federal arrangement, Nevis enjoys considerable autonomy and has its own Minister responsible for Health and Chief Secretary who directs the administration of the local health services. For all practical purposes, there are two independent systems.<sup>10</sup>

There are 4 hospitals in Saint Kitts and Nevis. These include the main J.N. France Hospital (150 beds) in Basseterre, the capital; the less-equipped Alexandra Hospital (54 beds) in Charlestown; Nevis, and 2 small rural hospitals—Pogson and Mary Charles. In addition, there are the Cardin Home (100 beds) for infirm and geriatric persons. The

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<sup>8</sup> World Health Organization (WHO). Core Health Indicators. Available at [http://www.who.int/whosis/database/core/core\\_select\\_process.cfm?countries=all&indicators=nha](http://www.who.int/whosis/database/core/core_select_process.cfm?countries=all&indicators=nha) (accessed November 15, 2006).

<sup>9</sup> Pan American Health Organization (PAHO). 2001. St. Kitts and Nevis: Health for all by the year 2000. Available at <http://www.paho.org/english/sha/sknrstp.htm>.

<sup>10</sup> Ibid.



Flamboyant Home in Nevis with 38 beds caters to the needs of the infirm and geriatric persons at a cost. There are also 17 health centers spread throughout Saint Kitts and Nevis.

The primary function of the health centers is to provide primary preventive care in rural areas, and they are staffed with trained public health nurses. A large focus of the public health sector has been preventive medicine. Therefore, the government has established a Health Promotion Unit targeting lifestyle and behavior-related diseases. This unit functions within community-based health services and places great emphasis on family and environmental health.<sup>11</sup>

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

The public health sector represents the largest portion of health care, with little reliance on the private sector. A number of physicians have grouped themselves to provide a number of specialty services. There are no private hospitals in Saint Kitts and Nevis, but there are 3 private nursing homes.<sup>12</sup> Increasingly people have begun to access care from the private sector due to the perception that private care is superior and more confidential. Some seek private practitioners for more holistic and natural forms of medicine.

### 1.10 HUMAN RESOURCES

The health services of Saint Kitts and Nevis are administered and operated by a team of 21 different categories of workers. These range from the highly skilled technician in the acute care institutions of the J.N. France and Alexandra Hospitals to the community outreach worker providing domiciliary care. In the country there are 10.7 medical doctors per 10,000 population, 1.8 dentists, 62.9 trained nurses, 2.8 laboratory technologist, 1.4 radiographers and 4.4 public health inspectors per 100 persons.<sup>13</sup>

Data from 2000 showed the number of employees working in the public health sector as “37 medical doctors, 4 dentists, 8 dental auxiliaries, 198 nurses, 65 nursing assistants/community workers, 10 pharmacists/pharmacy technicians, 12 laboratory technologists, 5 radiographers-technicians, 21 emergency medical technicians, 3 nutritionists/dietitians, 4 health educators, 17 environmental health officers, 2 veterinary officers and 11 veterinary assistants.” Furthermore, 11 pharmacists, 5 dentists and 9 doctors worked in the private sector.<sup>14</sup>

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<sup>11</sup> Pan American Health Organization (PAHO). 2002. Health systems and services profile: St. Kitts and Nevis. Available at [http://www.lachealthsys.org/index.php?option=com\\_content&task=view&id=103&Itemid=128](http://www.lachealthsys.org/index.php?option=com_content&task=view&id=103&Itemid=128).

<sup>12</sup> Ibid.

<sup>13</sup> PAHO. 2001. St. Kitts and Nevis: Health for all by the year 2000.

<sup>14</sup> Ibid.

## 1.11 HEALTH EDUCATION

Apart from the Nursing School, an in-service education department was established in 2000 to train nurses. Medical education is provided at three offshore medical schools. These schools each accept at least two local students each year. Continuing medical education is provided by Dalhousie University in Canada, by way of distance training. Furthermore, in 2000, an offshore veterinary medicine school offered four scholarships for local students.<sup>15</sup>

## 1.12 NATIONAL HIV AND AIDS PROGRAMS

In 2000, after a process of broad national consultation, a national strategic plan (NSP) was developed for the national response to HIV and AIDS in Saint Kitts and Nevis. The NSP identified the following five key priority areas: (1) prevention, (2) care, treatment and support, (3) advocacy, (4) research, surveillance and epidemiology, and (5) program coordination and management. Full implementation of the plan was delayed until mid-2003 when funds were mobilized through a US \$4.04 million loan from The World Bank and a grant for the Organization of Eastern Caribbean States from the Global Fund for AIDS, Tuberculosis and Malaria.<sup>16</sup>

The National AIDS Program underwent reorganization in 2005, this time involving other sectors in planning, execution and surveillance of HIV and AIDS programs. A National Advisory Council on HIV and AIDS now heads the project and has representation from several important ministries, civilians and people living with HIV and AIDS (PLWHA). Other areas being addressed are support and legislation for civil rights of PLWHA, policy recommendations and local prevention and control of the HIV and AIDS epidemic. Currently a monitoring and evaluation framework is being developed.<sup>17</sup>

From 2003 to 2005, the MOH launched a health education intervention titled “Sexuality and Me,” which targeted 679 fifth- and sixth-graders in Saint Kitts primary schools. Students also receive HIV education as a part of family life education, though the extent of HIV material covered depends on the teacher. The MOH has also launched education programs targeting employees at their places of business.<sup>18</sup>

VCT services are quite low, accounting for only 27.7 percent of all tests at one facility.<sup>19</sup> Started as a pilot program at chosen facilities in 2003, voluntary counseling and testing for HIV has expanded to 21 sites provided by 59 counselors.

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<sup>15</sup> Ibid.

<sup>16</sup> United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2006. *Country Report: St. Christopher and Nevis*.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.



## CHAPTER 2: SURVEY METHODOLOGY

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### 2.1 OVERVIEW

HIV and AIDS are global problems 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 aged 15–49 years the HIV prevalence rate is estimated to be 2.3 percent. 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 due to 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 multi-dimensional 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 The United States Agency for International Development's (USAID) Caribbean Regional HIV/AIDS Program.

The HIV and AIDS Service Provision Assessment (HSPA) is a methodology developed by MEASURE DHS+/Macro International Inc. The Caribbean HSPA has been carried out in two phases to assess the availability of health services and capacity to provide quality HIV- and AIDS-related services in the nine focus countries of the USAID Caribbean Regional Mission: Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago. Phase I included four countries—Barbados, Dominica, Saint Lucia and Saint Vincent and the Grenadines. AID, Inc., Barbados, was contracted to conduct the data collection for the four countries of Phase I. During Phase II of the project, analysis of the remaining countries was conducted by the Department of Public Health and Preventive Medicine at St. George's University, Grenada, West Indies.

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



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

### 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

Phase II was commissioned by the USAID Caribbean Regional Office/Barbados as part of the Caribbean Regional HSPA, with technical assistance from Macro International Inc under MEASURE Evaluation.

Objectives of the study were to—

- ▶ Provide information about nine Eastern Caribbean countries regarding—
  - ▶ The location of facilities providing AIDS-related services, by type of service (ART, PMTCT, VCT, laboratory services, TB, STI, malaria, basic and advanced level inpatient and outpatient care)
  - ▶ Patient flow, by type of service and by facility
  - ▶ Type and source of training received by providers at facilities offering AIDS-related services
  - ▶ Format and content of routine data collected on AIDS services
  - ▶ Costs of services to patients
  - ▶ Patient movement within the region to access services
  - ▶ Services provided by private practitioners and to approximately how many patients (with emphasis on ART)
  - ▶ Facility systems, resources and infrastructure to support quality services (access to guidelines, equipment, drugs and supplies in stock, supervision, referrals, etc.)
  - ▶ Provider stigma.
- ▶ Map AIDS-related services in nine Eastern Caribbean countries.
- ▶ Provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CIMT), which include the following information from the CIMT/UNAIDS/WHO/Global Fund Care and Support Indicators:
  - ▶ Proportion of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV and AIDS clinical management

- ▶ Proportion of health care facilities that have the capacity and conditions to provide advanced-level HIV and AIDS care and support services, including provision of ART.

## 2.3 HSPA CONTENT AND METHODS FOR DATA COLLECTION

### 2.3.1 CONTENT OF THE HSPA

The content covered by the HSPA includes all categories of service and care for HIV and AIDS: voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), post-exposure prophylaxis (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 services (CSS) and on referral linkages between services. Specifically, it collects information on the HIV- and AIDS-related services provided by the facility (i.e. inpatient and outpatient services, VCT services, PMTCT services, STI, 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), availability of guidelines and protocols for HIV- and AIDS-related CSS, the availability of medicines and supplies, facility conditions, and health management information systems (HMIS).

The assessment is comprised of a different module for each area of care and support service, with the modules used in each service site within a facility, where applicable. Data is collected and analyzed at each service site within a facility and is 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 and 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

Because 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 is carried out in these facilities as well. A list of all public facilities (and all others, if available) and the AIDS-related services they provide in each country were first obtained through interviews with the National AIDS Program Coordinators. This list revealed 17 facilities in Saint Kitts, 13 of which are public and 4 that are private.

### 2.4.1 SAMPLE OF FACILITIES

The sample used for the HSPA was obtained from the above mentioned list. 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. In addition to facilities providing a broad spectrum of care, others provide AIDS-related services on a narrower scale, such as VCT for antenatal patients or tuberculosis care to HIV-positive individuals. Both types of facilities were included in the sample. Because of the small number of facilities in Saint Kitts, the decision was made to do a census of all facilities that reported offering HIV and AIDS services.

Table 2.4.1 provides information on the different types of facilities, the managing authority of facilities, and the level of care provided by the facilities represented in the sample. Because a census of facilities was carried out, the weighted and unweighted numbers of facilities are the same in all cases. For the purposes of this report, only public facilities will be discussed.

Table 2.4.1: Distribution of Facilities by Type of Facility, Managing Authority, and Tier  
Percent Distribution of Facilities (Weighted) and Number of Facilities (Weighted and Unweighted) by Facility Type, Managing Authority, and Tier, HSPA Saint Kitts 2006

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of Facility			
Hospital	12	2	2
Health Center	65	11	11
Lab	6	1	1
Other+	17	3	3
Managing Authority			
Government	76	13	13
Non-Governmental	24	4	4
Tier			
Advanced	18	3	3
Basic	82	14	14
Total	100	17	17

+Other: Doctor's Office

#### 2.4.2 SAMPLE OF HEALTH SERVICE PROVIDERS

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were 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 was defined as a physician or a nurse who actually provided 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 whether they represented 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 provides the services of interest in the facility. If health center staff were present but unavailable due to scheduling difficulties, members of the HSPA team made repeat visits to the facility until all appropriate parties were interviewed.



## 2.5 SURVEY IMPLEMENTATION

### 2.5.1 TRAINING AND SUPERVISION OF DATA COLLECTORS

Survey interviewers were primarily recruited from each country's Ministry 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.

### 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 Phase II 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 2006 and February 2007. Data collection consisted of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma and GPS readings of the geographic coordinates of each facility.

Each team received a list of facilities to be visited. Data collection took one day in most facilities, with two days being allocated to hospitals, if required. In addition, if one of the observed services, such as VCT or PMTCT for example, was not being offered on the day of the survey, or the health facility was closed for training or any other scheduled activity, the teams were to return 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 by quality assurance specialists from St. George's University.

#### 2.5.4 PROCESS FOR DATA MANAGEMENT AND REPORT WRITING

After the data were collected in country, the questionnaires were sent to St. George's University where staff entered the results into CPro 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 a variety of service sites within large facilities. For example, HIV testing may be offered to clients who come to a VCT clinic, but also may be offered to sick clients attending different outpatient clinics as well as to inpatients in 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, this verifies that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash hands or guidelines to remind them of information when providing services to a client. Thus, some items, such as those for infection control, and guidelines and protocols, need to be near 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 if 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 provided outside the facility. For the HSPA, only providers from facilities that offered the service in question were included in the analysis.

**Development of aggregate variables.** Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables monitoring of changes in capacity to provide services and changes in adherence to standards, since there may be improvements in some items but not in others. The aggregate variables presented in this report are based on definitions of the common indicators developed for the Presidential Emergency Plan for AIDS Relief Initiative by an international technical working group, comprising representatives from World Health Organization (WHO), UNAIDS, USAID, and other organizations, including NGOs that implement HIV and AIDS services. Each of these indicators has been defined in detail, and the components measured in a sample of health facilities. These indicators and their components are an initial phase in the process of defining useful health information aggregates.

## 2.6 MAPPING FACILITIES

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

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

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### 3.1 OVERVIEW

The response to HIV and AIDS has been driven predominantly by the Ministry of Health. While the National Strategic Plan embodies a multisectoral response, it has been particularly challenging maintaining interest and engaging non-health sectors in the planning and implementation of HIV- and AIDS-related activities, and the Ministry of Health remains the key implementer of activities.<sup>20</sup> The 2005 restructuring of the national program and introduction of a National Advisory Council on HIV/AIDS (NACHA) is an effort to share responsibility for confronting the local epidemic. Its ability to function and successfully mobilize support for the national response beyond the Council's launch will be determined by the leadership and maintenance of interest and commitment among members.<sup>21</sup>

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

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
  - 2.3 Systems and items to support antiretroviral combination therapy

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<sup>20</sup>UNGASS. 2006.

<sup>21</sup>Ibid.



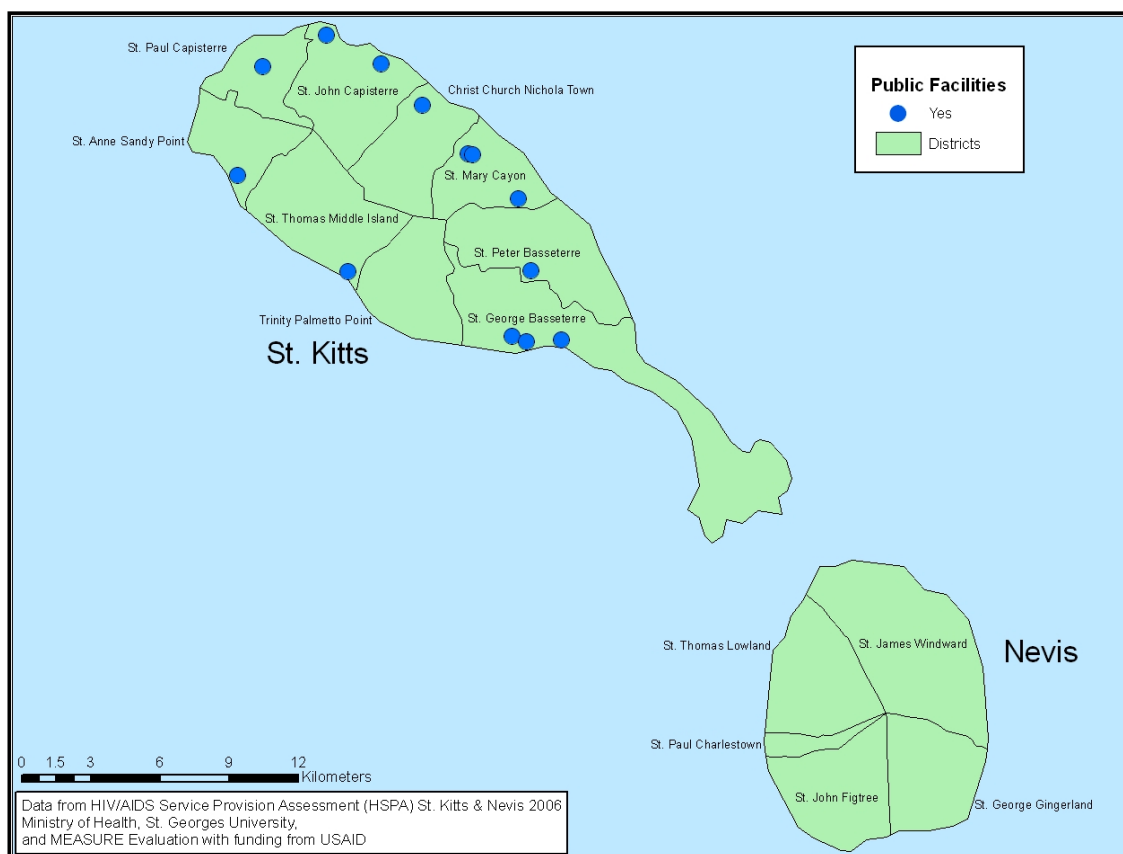
- 2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS
- 2.5 Conditions to support home care services
- 2.6 Post-Exposure Prophylaxis (PEP)
3. Data availability and record-keeping systems for monitoring HIV and AIDS and support
4. Capacity to provide services for prevention 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 census 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. Only public facilities are discussed in this report. The number of private facilities and hospitals are too few to be included in a country-specific comparison. Nevertheless, more information on private facilities and levels of services (hospitals versus health centers) can be found in the tables in Appendix I.

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

The HSPA assessed the availability of HIV- and AIDS-related services in Saint Kitts. As shown in Figure 3.2, the survey included 13 public facilities where 30 public providers were interviewed.

Figure 3.2.1a: Location of public facilities surveyed, HSPA Saint Kitts 2006



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

- ▶ **Voluntary counseling and testing (VCT).** The survey defines a facility as offering counseling and testing if clients are offered the HIV test, then the facility 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



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

### 3.2.1 REGION-SPECIFIC FINDINGS

#### Training of Service Providers

In Saint Kitts, the HSPA interviewed 30 service providers from the 13 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 provider and service availability in Saint Kitts.

Of the 13 public facilities surveyed, 11 have an HIV testing system (Figure 3.2.1). An HIV testing system is defined in the HSPA as a facility offering counseling and testing where clients are offered an 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. In addition, 10 of the 11 facilities with an HIV testing system in place had 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).

Figure 3.2.1a: Location of facilities with an HIV testing system, Saint Kitts HSPA 2006

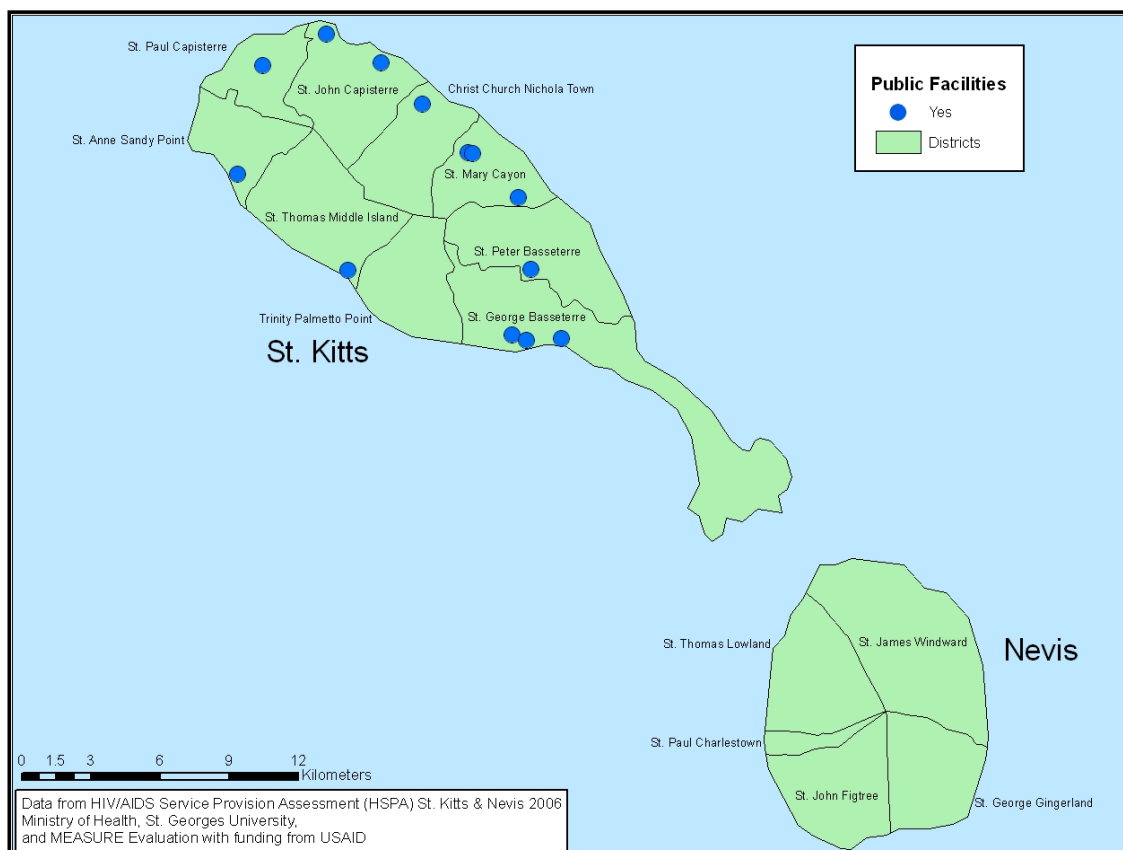


Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV Testing system<sup>1</sup> (VCT), and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Saint Kitts 2006

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 trained by chart
13	11	10

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

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



**Number of clinical sites providing ART 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 person in-charge of a facility was queried about the level of training of staff. Table 3.2.1c is based on the responses from the health workers interviewed about the training they received.

Only 2 of the 13 public facilities surveyed in Saint Kitts reported that they provide antiretroviral therapy (ART). Both of these facilities reported having a Director ART services. (Table 3.2.1b) and one of them was trained by CHART/JHU.

Table 3.2.1b: ART provision by public facilities, number facilities with a director of ART services, and number of public facilities that report a director of ART services trained by CHART, HSPA St. Kitts 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/JHU
13	2	2	1

Also from the health worker interview, 2 providers in those facilities offering ART services reported having been trained in ART adherence counseling (one was trained by CHART). In the areas of prescribing ART, medical follow-up for ART and ordering and/or prescribing laboratory tests for monitoring ART, there were no providers trained in the past year (Table 3.2.1c).

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.<sup>1</sup> HSPA Saint Kitts 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
14	2	0	NA	0	NA	0	NA	2	2	1

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

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

An assessment of this indicator has focused on basic HIV- and AIDS-related services (note that more details on basic services are reported under Section 3.3, and advanced-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). Of the 30 providers surveyed, Figure 3.2.1b shows the number of providers of counseling services who were trained recently.



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

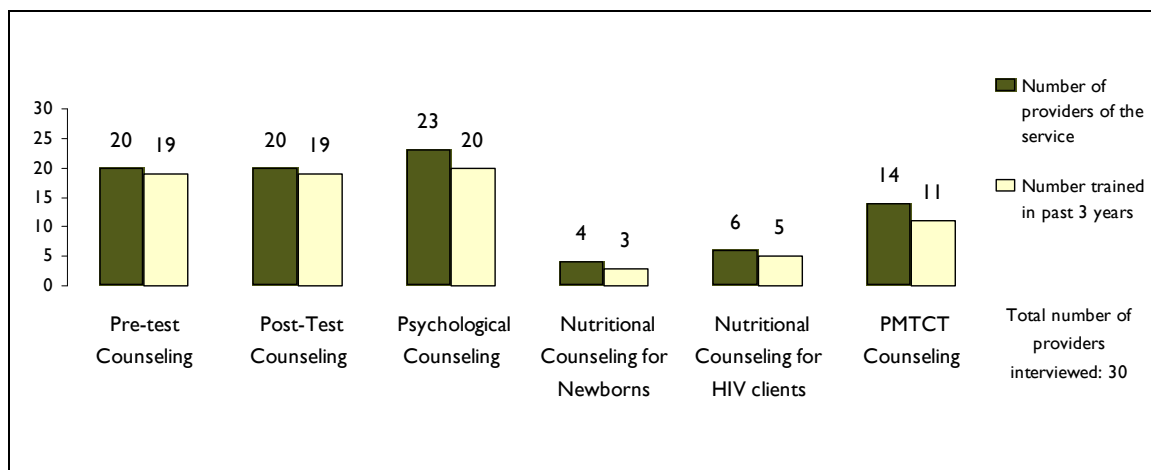


Figure 3.2.1b illustrates that in Saint Kitts almost all of the providers received recent training in HIV- and AIDS-related counseling services within the past 3 years. Of the six types of counseling identified, psychological counseling had the highest number of providers (20 of 23) who were trained.

It is also important to look at the proportion of providers who see/treat some of the common diseases often linked with HIV and AIDS, including sexually transmitted infections (STI), malaria and TB. Although it is a standard disease area assessed in the HSPA, it should be noted that malaria is not a major concern in Saint Kitts. Table 3.2.1d shows the number of providers of STI, malaria diagnosis/treatment and TB services who were trained recently. As expected, since malaria is not a major problem in Saint Kitts, there was only one provider of this service who was surveyed, and they reported that they had not been trained recently in malaria diagnosis treatment.

Table 3.2.1d: Of the public facilities sampled, number of providers surveyed who provide STI, Malaria, and TB services and who were trained in the last 3 years, HSPA Saint Kitts 2006

Total number of providers surveyed	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services <sup>1</sup>	
	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	Number of providers of the service	Number of providers of the service trained within last 3 years
30	8	4	1	0	13	3

<sup>1</sup>TB Services defined as either clinical diagnosis, sputum diagnosis, prescribe treatment follow-up treatment, or DOTS.

About 50 percent of those who provide STI diagnosis/treatment have recently received training in the last 3 years (Table 3.2.1d). In Saint Kitts, of the 13 interviewed health care professionals who reported providing TB services, a close to one-fourth (3 of 13) of them have been trained in the last 3 years. Health professionals need to have recent training to be able to handle the co-infections that are common with HIV and AIDS. 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>22</sup> Therefore, TB services should be of concern as to whether there are an adequate number of trained providers to handle the patient load if the prevalence rate increases.

### 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>23</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 4-point Likert scale) of agreement or disagreement with the following series of statements. Respondents with a positive score of 6 out of 6 questions are considered to have accepting attitudes towards PLHIVs.

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

<sup>22</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.

<sup>23</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.



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 6 items are related to internationally recognized measures of health worker attitudes toward PLHIV (1-4) and one related to health worker comfort working around PLHIV (6)<sup>24</sup> Item 5 was adapted locally to further explore health worker stigma.

In Saint Kitts, of the 30 public providers of HIV- and AIDS-related services who were surveyed, 63 percent 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, but there appears to be a need to continue to sensitize health providers and better inform them. It has been reported elsewhere that health care providers without an in-depth knowledge of HIV transmission hold more stigmatizing attitudes.<sup>25</sup>

Table 3.2.2: Of the public facilities sampled, percentage of providers with an accepting attitude toward people living with HIV/AIDS,<sup>1</sup> HSPA Saint Kitts 2006

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
30	63

<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 treatment of some National AIDS Programs (NAPs).<sup>26</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

<sup>24</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>25</sup>Ibid.

<sup>26</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.

underlines the need not only for urgent measures to reduce stigma, but also the importance of having quality services available throughout the region.<sup>27,28</sup>

Table 3.2.3a: Provision of ART services by public facilities to residents of other countries, HSPA Saint Kitts 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
13	2	0	NA	NA

Tables 3.2.3a and 3.2.3b show that there is no record of clients from other countries seeking ART and/or PMTCT services in Saint Kitts. Mechanisms to track the movement of PLHIV around the region are not currently in place. This makes it difficult to assess migration for health services. The next question to ask that is not covered in the HSPA is whether nationals of St Kitts are seeking HIV and AIDS services elsewhere.

Table 3.2.3b: Provision of PMTCT services by public facilities to residents of other countries, HSPA Saint Kitts 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 facilities that ever offer PMTCT services to residents of other countries		
			Number with current PMTCT clients who are residents of other countries	Among those facilities with current PMTCT clients who are residents of other countries	
				Median number of clients from other countries	Number of other countries represented in clientele
13	11	0	NA	NA	NA

<sup>27</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>28</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 the 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.

Of the 13 public facilities surveyed in Saint Kitts, 85 percent have an HIV testing system; all provide STI services, and 62 percent offer TB diagnostic or treatment services of any kind. Only 8 percent of the facilities reported offering malaria treatment services. Twenty-three percent offer treatment for opportunistic infections for HIV and AIDS clients and none offer palliative care (Table 3.3.1).

Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Saint Kitts 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/AIDS clients	Percentage of facilities offering palliative care for HIV/AIDS clients
13	85	100	62	8	23	0

#### 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. 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. Table 3.3.2 shows that in Saint Kitts, among the 11 facilities that have an HIV testing system, all offer STI services, 64 percent offer TB diagnostic or treatment services, 27 percent offer treatment for opportunistic infections for HIV and AIDS clients, and none provide palliative care for HIV and AIDS clients. Since malaria is not a widespread

problem, it is not surprising that only nine percent of the facilities with an HIV testing system in place offer malaria treatment services.

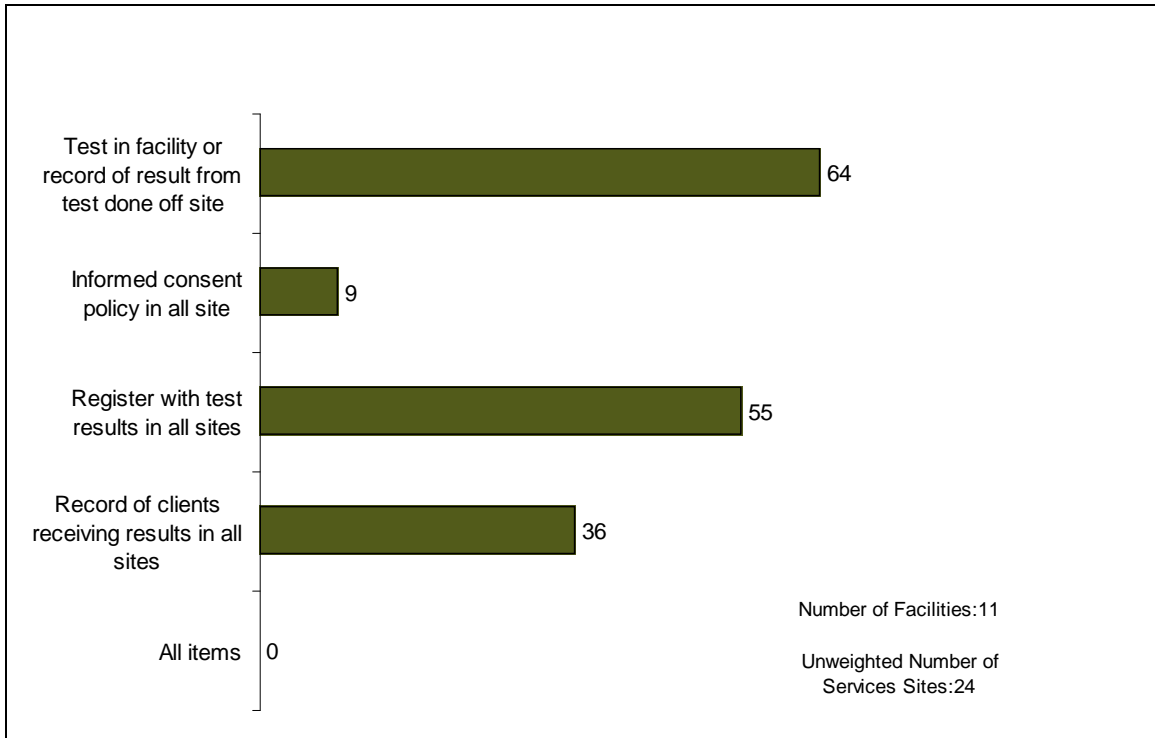
Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV Testing system, HSPA Saint Kitts 2006

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system				
		Percentage offering STI services	Percentage offering any TB diagnostic or treatment services	Percentage offering malaria treatment services	Percentage offering treatment for opportunistic infections for HIV/AIDS clients	Percentage offering palliative care for HIV/AIDS clients
13	11	100	64	9	27	0

The 11 facilities with an HIV testing system included 24 service sites. Systems for testing and providing results for HIV tests are shown in Figure 3.3.2a. Sixty-four percent of the facilities had either an HIV test available or records were observed that provided results for tests conducted outside the facility, with 55 percent having a register with test results in all sites. An informed consent policy for HIV testing was observed at only 9 percent of the all sites. Records for clients receiving HIV test results were observed in 36 percent of all sites. None of the facilities had all items for the indicator observed—the availability of an HIV test in the facility or an affiliated laboratory, an informed consent policy for HIV testing, a register for HIV test results, and a record of clients having received HIV test results.

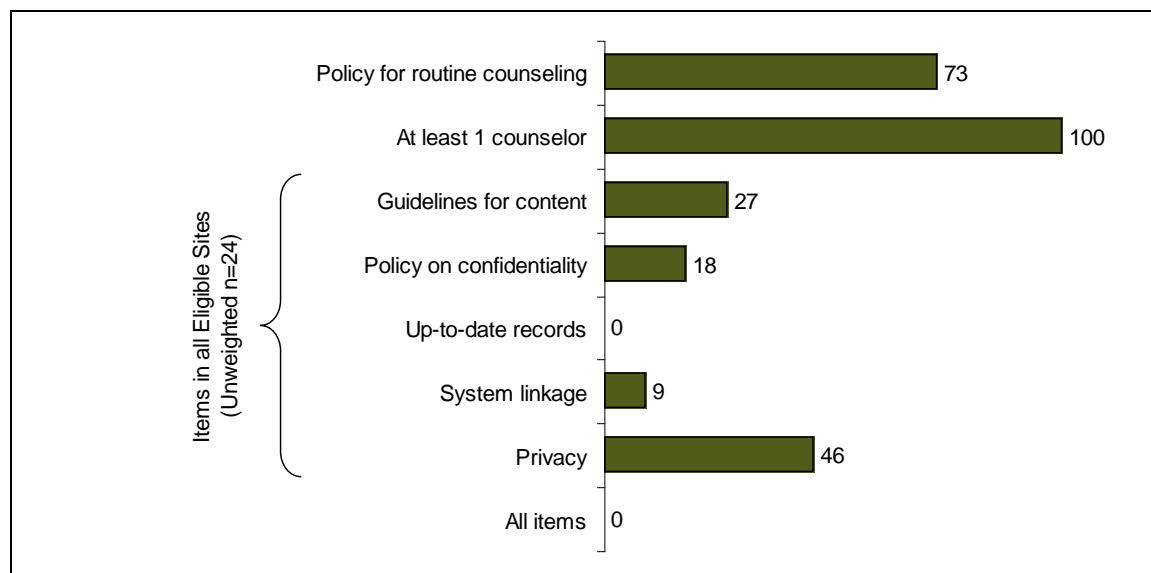


Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Saint Kitts 2006



Systems and trained staff are needed to ensure full coverage for quality HIV testing and counseling services. Given the size of Saint Kitts, the situation appears to be adequate in terms of qualified staff for pre- and post-test counseling (Figure 3.3.2b). However, the area of keeping up-to-date records needs to be addressed, as it will inform planning and indicate areas for scale-up. The availability of observed guidelines for the content of pre- and post-test counseling and a policy on confidentiality for HIV test results in all eligible service sites, as well as system linkages between test and counseling, need to be enhanced.

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



In a site or facility offering HIV testing and counseling, it is important to have privacy to respect confidentiality. As is noted in the literature, “Stigma, shame and denial also surround HIV/AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues.”<sup>29</sup> Thus, it is very important to have visual and auditory privacy possible in all counseling areas. It would seem that much more needs to be done in Saint Kitts, where privacy was available in less than half of the sites. It should be noted that none of the facilities in Saint Kitts met the strict definition of having all items present for a complete system for pre- and post-test counseling. A complete system is defined as the presence of the following items: an observed written policy for HIV counseling found anywhere in the facility; at least one trained counselor in both pre- and post-test counseling assigned to any CT site within the facility; observed guidelines for the content of counseling found in all eligible sites; an observed policy on confidentiality for HIV test results in all eligible sites; an observed up-to-date record of clients receiving pre- and post-test counseling in all eligible sites; an observed system for linking test results with counseling; and visual and auditory privacy in all counseling areas.

### 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, including but not limited to palliative care and

<sup>29</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.



socio-economic and psychological support services. Tuberculosis (TB) and sexually transmitted infections (STIs) are both illnesses associated with HIV and AIDS. International programs such as “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 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 of the three such facilities that offer CSS for HIV and AIDS.

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

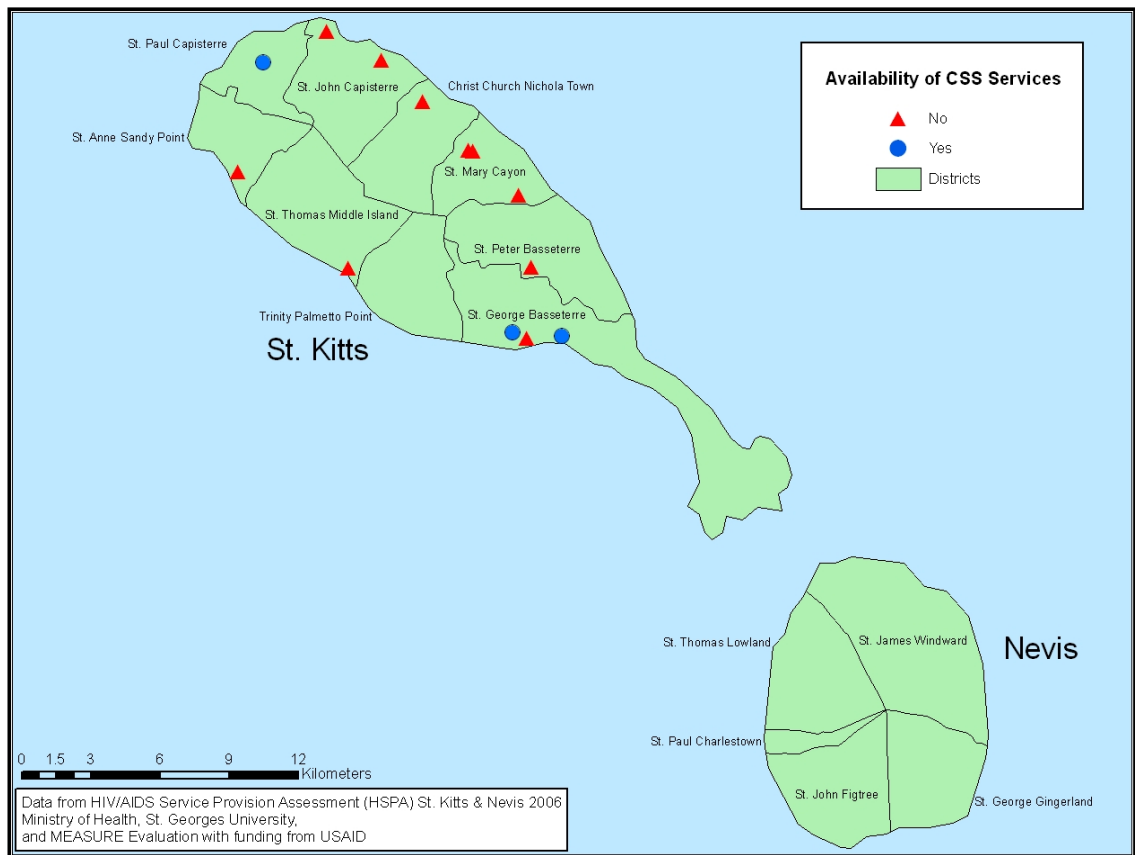


Table 3.3.3a illustrates that of the 13 public facilities surveyed three of them offer CSS to HIV and AIDS clients. All have an HIV testing system in place, offer STI services, and diagnosis or treatment for tuberculosis. A third offer malaria treatment.

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

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/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
13	3	100	100	100	33

### Supportive Management

In addition to the provision of services, supportive management practices are required to ensure the quality of those services. This includes recent pre- or in-service training of providers and regular supervisory visits to service providers. About one-third of the interviewed providers of TB, malaria, or STI services had received pre- or in-service training during the past 3 years (Table 3.3.3b). The level of supervision was at a similar level (31 percent) in terms of the interviewed providers of TB, malaria or STI services having been 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>30</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 Saint Kitts 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
13	31	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>30</sup>Massiah E., T. C. Roach, C. Jacobs, et al. 2004.



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>31</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>32</sup> The four tables below illustrate different service conditions for TB. In Saint Kitts, eight facilities offer TB services (Table 3.3.3c) and all of them report that they follow DOTS. The DOTS treatment strategy is either directly observed 2 months, follow-up 6 months, or directly 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. There was no facility reporting that report it performs follow-up treatment only, but 13 percent follow other strategies (Table 3.3.3c).

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

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<sup>31</sup> World Health Organization. 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>32</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).

further shows that among the facilities offering any TB services, 75 percent that offer TB treatment had an observed TB treatment protocol at all sites. However, only 25 percent 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 fully treat the disease and to assist in preventing multidrug-resistant TB. Similarly, just 13 percent 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 and this area requires attention.

Table 3.3.3c: Among those public facilities offering any tuberculosis treatment services, percentage having the indicated components for management of Tuberculosis (TB), HSPA Saint Kitts 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>
8	11	100	0	13	13	75	25	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 observe 2 months, follow-up 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.

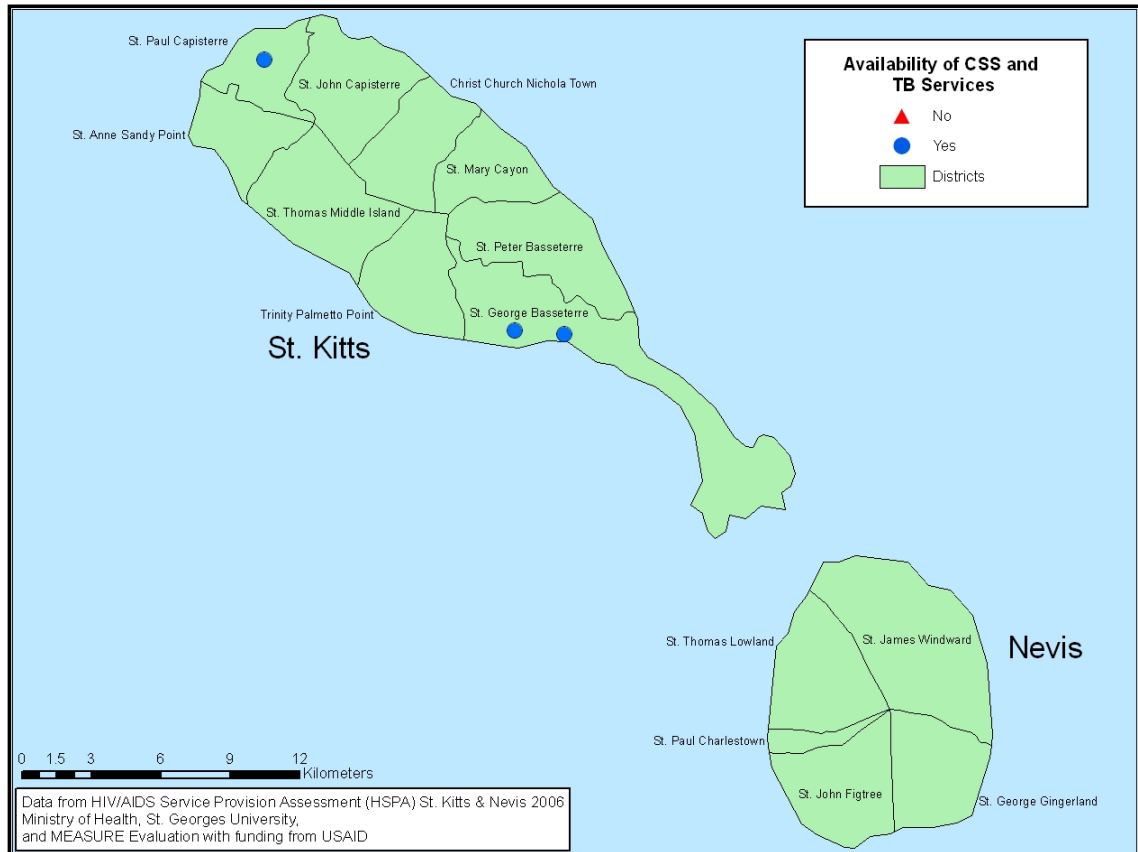
<sup>6</sup>Observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

The HSPA considered provision of TB services among facilities in Saint Kitts that offer CSS for HIV and AIDS clients (Figure 3.3.3b). 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>33</sup> All 3 facilities that offer CSS also provide TB services.

Figure 3.3.3b: Availability of CSS Services and TB Treatment or Diagnosis, HSPA Saint Kitts 2006



<sup>33</sup>Pape, J. W. 2004.

Table 3.3.3d: Resources and supplies for diagnosing tuberculosis in public facilities, HSPA Saint Kitts 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>					
13	8	13	0	0	8	13	8		

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

<sup>2</sup>Included 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.

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>34,35</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. Of the eight facilities that provide any TB diagnostic or treatment services, all use a sputum test for TB diagnosis (Table 3.3.3d). However only 13 percent had sputum microscopy, culture, or rapid test, and none had observed records of sputum test results. All eight of the facilities also reported diagnosing TB using X-ray, although only 13 percent of the facilities had X-ray capacity.

As noted earlier, DOTS is one strategy that is fairly effective in treating TB patients as it necessitates the direct observation of a client taking medication administered by a provider. Table 3.3.3e below shows facilities that report having a DOTS strategy and are a part of the national program. Of the 13 public facilities in Saint Kitts, 62 percent report they are part of the national DOTS program. There are eight facilities following the DOTS strategy, and among these, eight DOTS strategy service sites were found. However, only 25 percent have all first-line TB medicines available; 13 percent had observed client register for DOTS and 75 percent observed TB treatment protocol in all eligible service sites. None (8 facilities and 8 sites) had all items for this indicator.

<sup>34</sup> Kaplan, J. 2005.

<sup>35</sup> Pape, J. W. 2004.



Table 3.3.3e: Tuberculosis treatment and/or follow-up using direct observed treatment short-course (DOTS) in public facilities, HSPA Saint Kitts 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>	
13	62	62	62	8	13	75	25	0	8

<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>36</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.

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

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

<sup>36</sup> Pape, J. W. 2004.

In addition, laboratory diagnosis is important, as it may be the only means for confirming the presence or absence of many STIs.

In Saint Kitts, all 13 facilities offer STI services (Table 3.3.3f). Among these 13 facilities, there are 19 service sites that offer STI treatment. A STI treatment protocol was observed in all relevant units in 46 percent of facilities. While condoms were available in any service area or pharmacy in all facilities, all STI medicines were available in only 23 percent of the facilities. Only 8 percent had all the items available for STI services (observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy).

Table 3.3.3f: Diagnosis and treatment for sexually transmitted infections in public facilities, HSPA Saint Kitts 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>
13	13	19	46	23	100	8

<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, tinadazole, 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.

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 of STI services appears to be on the provision of condoms, with all 13 facilities offering condoms in any service area or pharmacy of the facility.

### Malaria Services and Service-Related Conditions

Although malaria is not a major disease concern in Saint Kitts, it was assessed in the HSPA (Table 3.3.3g). The low numbers in this area should not be seen as negative. However, if patients with malaria were to present themselves to the health system for care, there is only one facility that had observed malarial medicines where they could be treated. In no facility was a malaria treatment protocol observed.



Table 3.3.3g: Malaria diagnosis and treatment in public facilities, HSPA Saint Kitts 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
13	1	1	0	100	0

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

### Infection Control

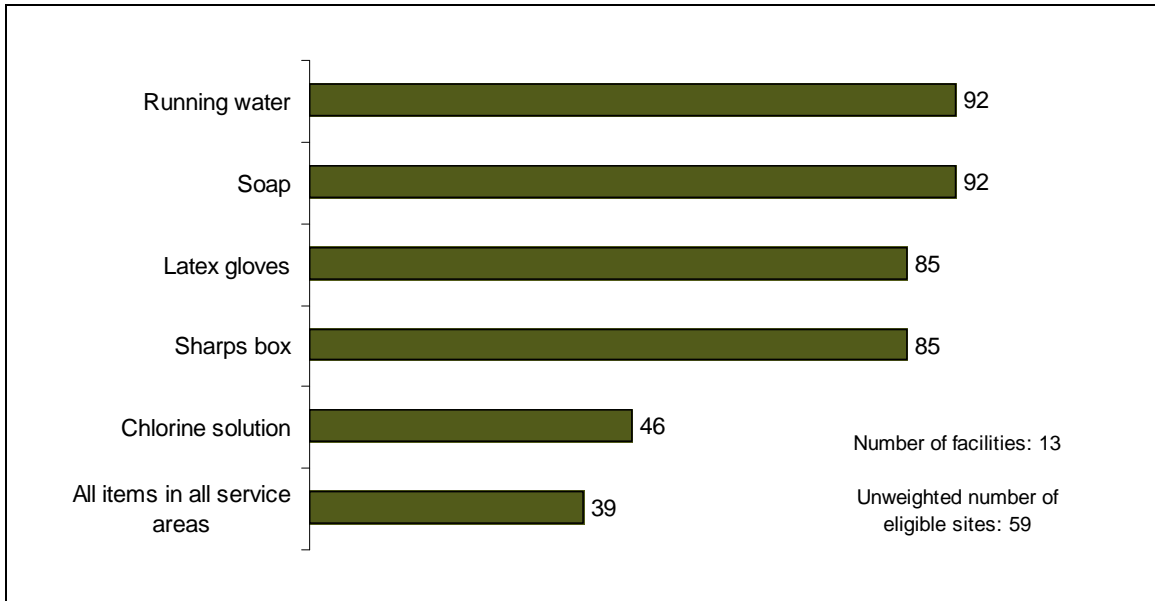
Infection control practices need to be followed in all sites where the possibility of cross-infection between clients, or between providers and clients is possible. Items for infection control that should be in every service site (or in close enough proximity that a provider could reasonably be expected 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-borne infections.

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

Figure 3.3.3c shows the percentage of facilities that have the infection control items present in all relevant service 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 all of the relevant service sites of the facility. If a system is found not to be in place for all sites, then a review of the infection control system is needed to determine if there is a problem with infection control in specific sites, or if the facility is just temporarily out of supplies, or if there is a larger systems problem. Certainly 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 through 3.3.3e, policymakers and program planners will have a better idea of how their services are achieving full coverage.

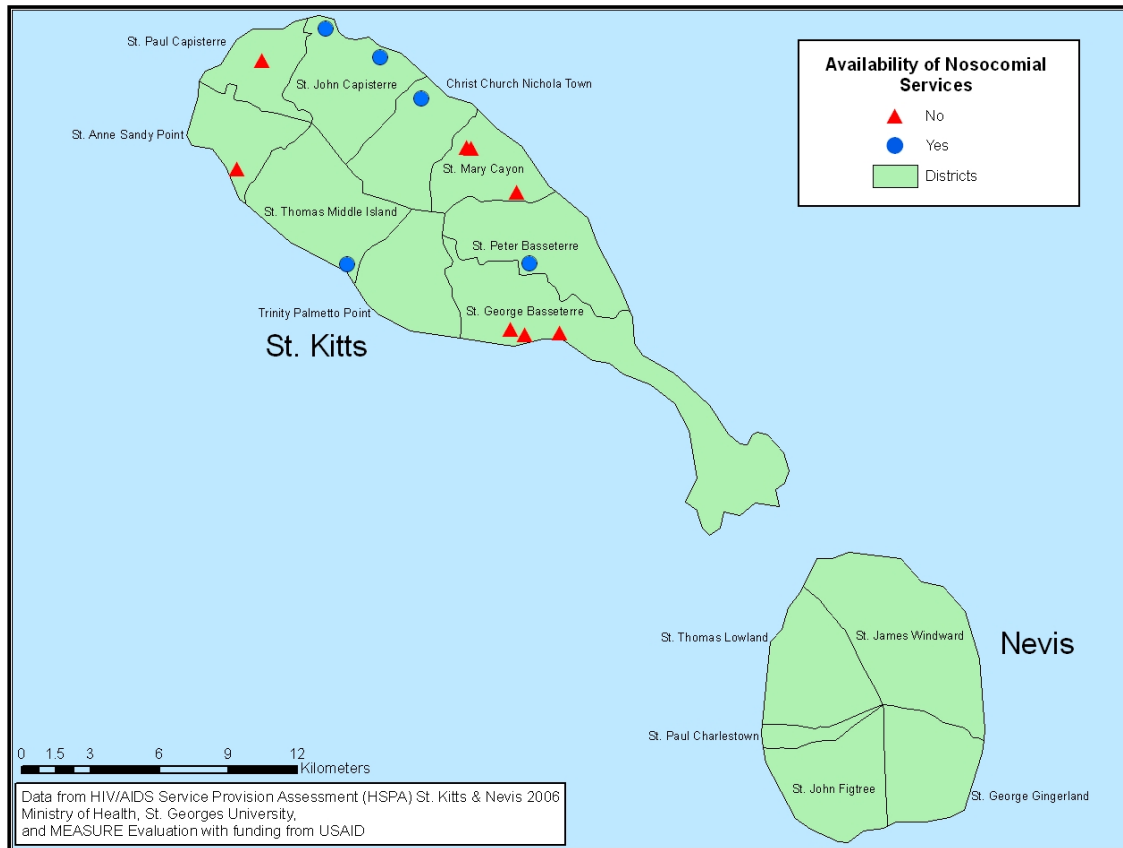
Figure 3.3.3c: Elements at public facility service sites for preventing nosocomial infections, HSPA Saint Kitts 2006



Among the 13 public facilities surveyed in Saint Kitts, there were 59 relevant service delivery sites that were assessed. Ninety-two percent of these facilities (Figure 3.3.3c) had running water and soap in all service sites. Eighty-five percent had latex gloves and sharp boxes in all relevant service areas within the facility for infections control. Less than 50 percent had chlorine solution available. Only 5 of the 13 facilities (39 percent) had all items for infections control present in all relevant service areas in the facility (Figures 3.3.3c). Figure 3.3.3d shows where these 5 facilities are located.



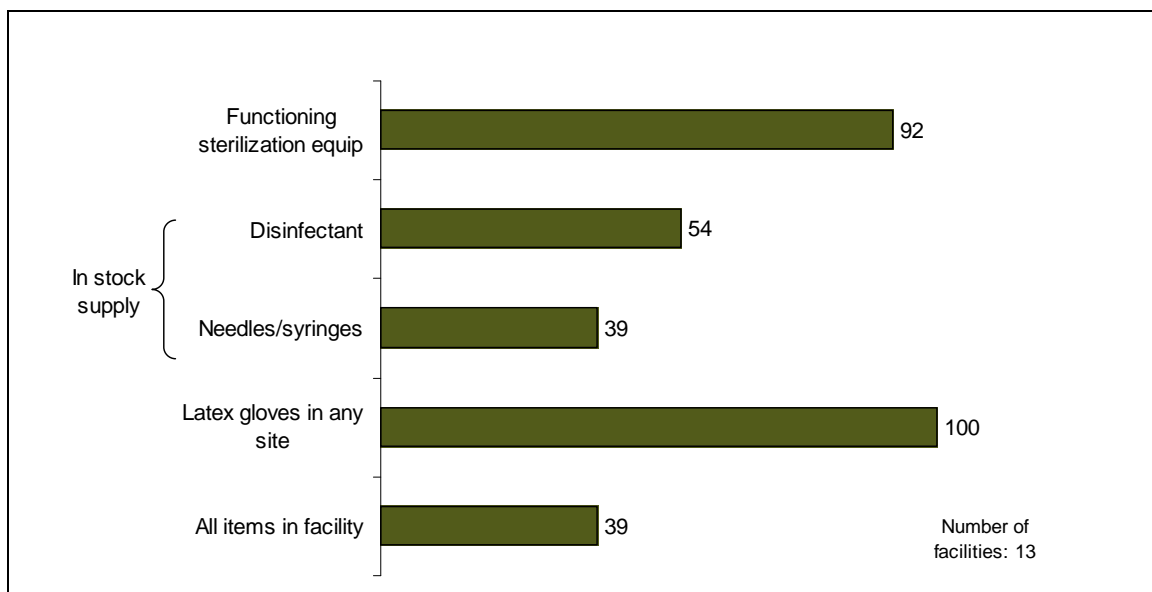
Figure 3.3.3d: Location of facilities offering nosocomial infection prevention services, HSPA Saint Kitts 2006



Infection control is examined further in Figure 3.3.3e, which provides information to assess how many facilities have infection control measures present. While Figure 3.3.3c focused on item availability in all of the relevant services sites within the facility, Figure 3.3.3e focuses on items that may be available in a more centralized location in the facility, such as functioning equipment for sterilization or high-level disinfection (HLD) processing. Given the significance of nosocomial infections to patients with compromised immunity, it is important to note that 92 percent of the facilities had functioning equipment for sterilization or high-level disinfection processing in the facility.

Fifty-four percent of the facilities had a disinfectant solution (bleach) present in stock supply within the pharmacy and needles/syringes available at the 39 percent level. While all the facilities had latex gloves available at any site in the facility, this barrier method cannot provide infection control for many of the transmission routes. Only 39 percent of the facilities had all items present in the facility (i.e., functioning equipment for sterilization or HLD processing, disinfectant and needles/syringes in stock, and latex gloves in any site in the facility).

Figure 3.3.3e: Items for preventing nosocomial infections present anywhere within public facilities, HSPA Saint Kitts 2006



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

#### Availability of Service

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

Table 3.3.4 illustrates that of the three facilities that reported offering care or support services, all offer treatment for opportunistic infections (such as oral thrush) for HIV and AIDS clients, but no palliative care (relief of pain and social support) for HIV and AIDS clients (More details can be found in the Appendix Tables 1.5a-d). Strengthening palliative care services should be addressed.



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

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients	
		Percentage offering treatment for opportunistic infections for HIV/AIDS clients	Percentage offering palliative care for HIV/AIDS clients
13	3	100	0

### 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 of 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; hematological 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 a register 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>37</sup>
- ▶ **Palliative Symptomatic Treatment.** This refers to the relief of pain and nervous system symptoms as well as provision of fortified protein supplementation (FPS).
- ▶ **Post-Exposure Prophylaxis (PEP).** This refers to provision of ARV medicines for prevention of infection to persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available.
- ▶ **Pediatric AIDS care.** The facility should have at least one inpatient or outpatient unit that provides care and support services and reports providing pediatric AIDS care.
- ▶ **Nutritional rehabilitation services.** There should be at least one outpatient or inpatient unit that provides care and support services and reports providing nutritional rehabilitation services.

The specific areas of advanced services are illustrated in Table 3.4a. As can be seen, Saint Kitts is substantially lacking in facilities that provide advanced-level services for HIV and AIDS. This lack of availability is most noticeable in ART, pediatric AIDS care, and services providing nutritional rehabilitation, fortified protein supplementation and intravenous (IV) treatment of fungal infections, as the levels were 15 percent and below. Sixty-two percent of facilities had laboratory capacity for monitoring HIV and AIDS clients. Although Saint Kitts reports having PEP available to staff (92 percent), there was no facility reporting PEP available to staff with observed PEP medicines.

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<sup>37</sup> For a list of medicines to support the management of opportunistic infections and the provision of palliative care, please see footnote 39.



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

Total number of facilities	Percentage with any lab capacity for monitoring HIV/AIDS clients <sup>1</sup>	Percentage reporting PEP available to staff	Percentage reporting PEP available to staff with observed PEP medicines	Percent 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
13	62	92	0	15	8	15	8	8	15

<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.

The HSPA further assessed the availability of advanced-level services among those facilities with an HIV testing system in place. Of the 13 public facilities surveyed, 11 had an HIV testing system in place. Table 3.4b shows the advanced-level care offered in the public facilities that have an HIV testing system in place. Comparison of Table 3.4b with Table 3.4a reveals a similar pattern of service provision at those facilities with an HIV testing system as seen in all public facilities.

It has been noted that decentralization of the health system and the development of trained staff that have the qualifications necessary to scale-up the provision of health services are needed to make an impact on service delivery. However, there may be ramifications on other critical disease services. This is an issue that needs to be carefully considered.<sup>38</sup> If there is a need for additional services, diversifying staff and providing a balanced and integrated health 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>38</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.

Table 3.4b: Advanced HIV/AIDS-Related service provision by public facilities with an HIV Testing System, HSPA Saint Kitts 2006

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system, percent offering/reporting								
		Any lab capacity for monitoring HIV/AIDS clients <sup>1</sup>	PEP available to staff	Pep available to staff with observed PEP medicines	ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
13	11	73	91	0	18	9	18	9	9	18

<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.

### 3.4.1 SYSTEMS TO SUPPORT SERVICE PROVIDERS OF ADVANCED SERVICES FOR HIV AND AIDS

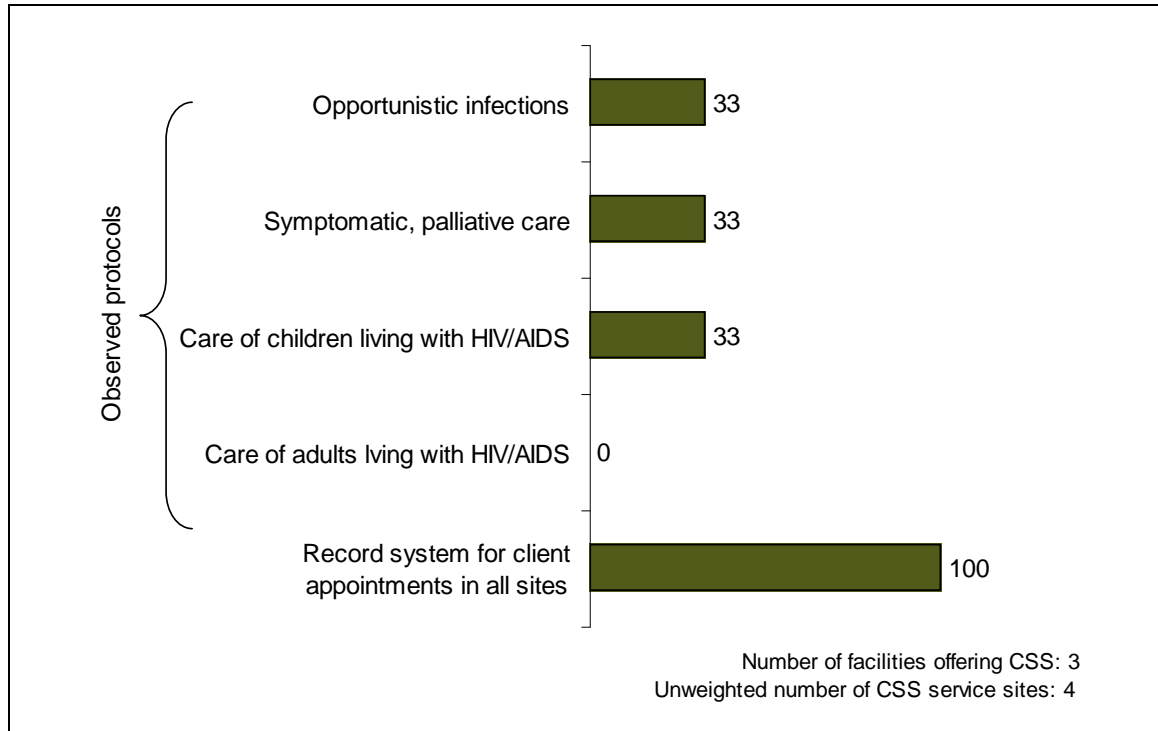
#### Guidelines and Protocols

It is important that guidelines and protocols are available in the health facilities so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provision. Briefly considered in this section are the records kept for client appointments, which is then assessed in more detail in Chapter 4—Status of the HIV and AIDS Health Information System.

Of the three facilities (and four unweighted sites across these facilities) offering CSS for HIV and AIDS clients, all had a record system for individual client appointments observed in all relevant program sites of the facility (Figure 3.4.1a). In only 33 percent of the facilities offering CSS were there observed guidelines/protocols for treating opportunistic infections, for offering symptomatic palliative care and for caring of children living with HIV and AIDS observed in all relevant sites within the facility. No guidelines/protocols were observed for the care of adults living with HIV and AIDS.



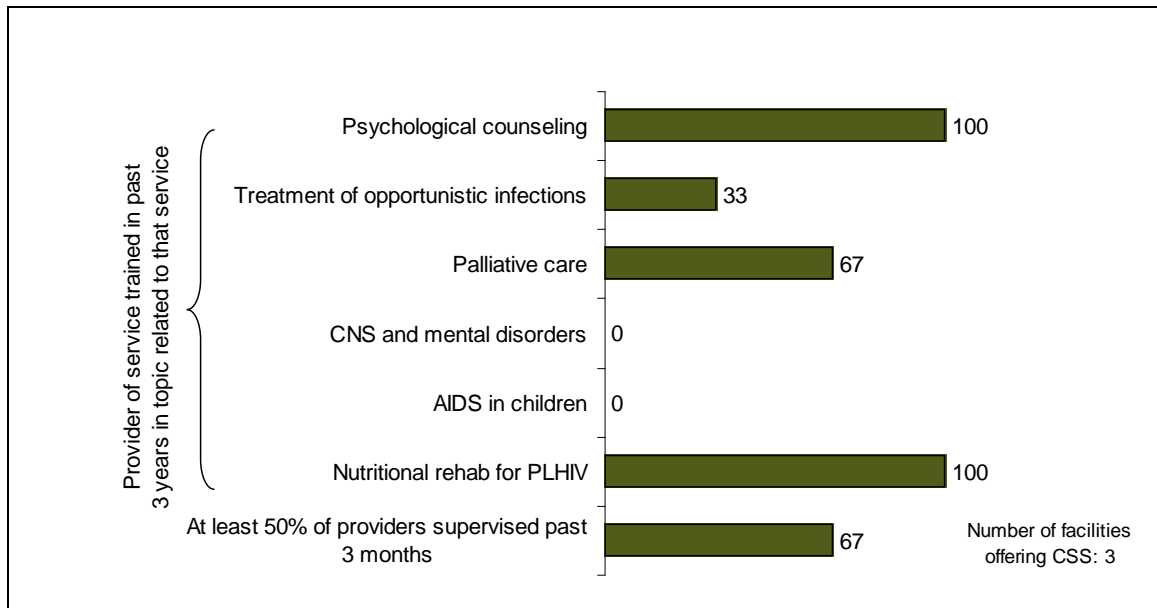
Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV/AIDS, HSPA Saint Kitts 2006



### Trained Providers

In order to provide quality services, health workers need to be current 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 central nervous system and mental functioning, and AIDS in children. The results are presented in Figure 3.4.1b.

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



Of the 3 facilities offering CSS for HIV and AIDS clients—

- ▶ All reported having at least one provider of psychosocial counseling trained in psychosocial counseling within the last 3 years.
- ▶ All reported having at least one provider of nutritional rehabilitation for HIV and AIDS trained in nutritional rehabilitation for HIV and AIDS within the last 3 years.
- ▶ Sixty-seven percent reported having at least one provider of palliative care trained in palliative care within the last 3 years.
- ▶ Sixty-seven percent reported having at least 50 percent of providers supervised within the past 3 months.
- ▶ Thirty-three percent reported having at least one provider of treatment for OIs trained in treatment for OIs within the last 3 years.
- ▶ No facility reported having at least one provider trained in central nervous system and mental disorders within the last 3 years.
- ▶ No facility reported having at least one provider of treatment of AIDS in children trained in treatment of AIDS in children within the last 3 years.

The level of management and support for health service providers of advanced services for HIV and AIDS is satisfactory in psychosocial counseling and nutritional rehabilitation for HIV and AIDS. The areas for scale-up would be training providers in the treatment



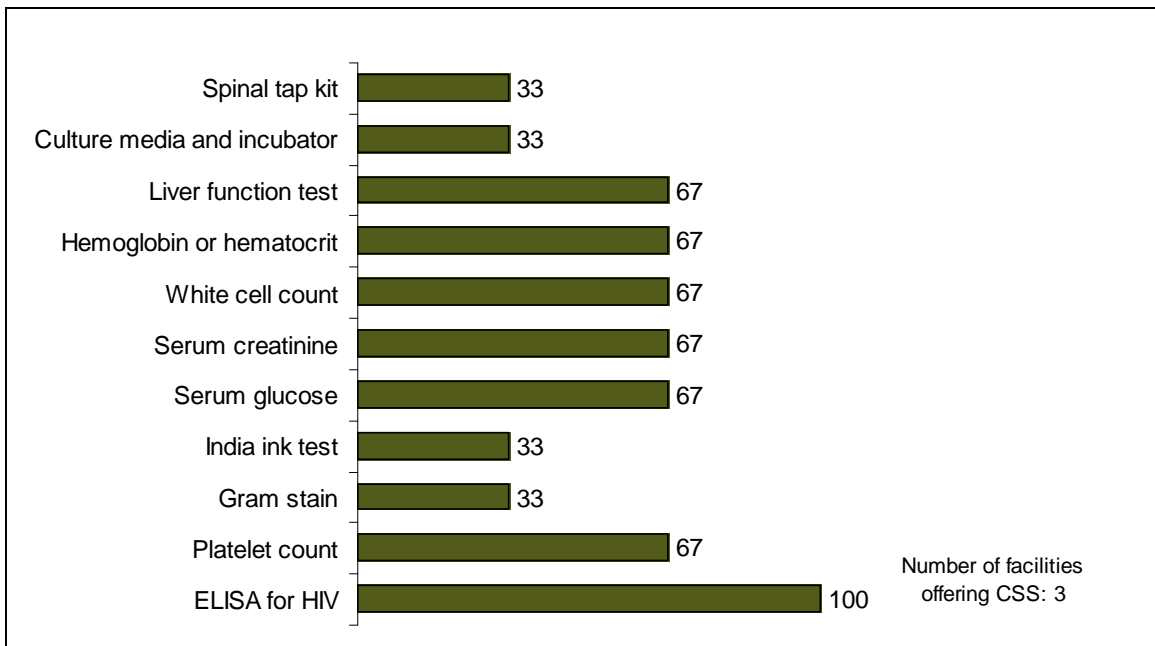
of OIs and in dealing with problems associated with the central nervous system and mental disorders and caring for children with AIDS.

### 3.4.2 LABORATORY SERVICES

In Saint Kitts and Nevis, it was reported that all test results from the public laboratory are verified by the Caribbean Epidemiology Center (CAREC) prior to informing the client. As a result, the testing process can take up to 2 weeks. The potential time lag and limited access to public facility laboratory resources means that timely assessment, response, and treatment can be a challenge to clients and providers. The capacity to conduct laboratory investigations is shown in Figure 3.4.2.

The capacity to carry out laboratory tests seems to have attained a reasonable level for most tests. There appears to be limitations in the capacity to conduct spinal taps and to process culture media, India ink tests and Gram stains. It is commendable that the ELIZA test is available in all care and support facilities in Saint Kitts. In any event, Saint Kitts may need to scale-up existing laboratories to meet the increasing demand.

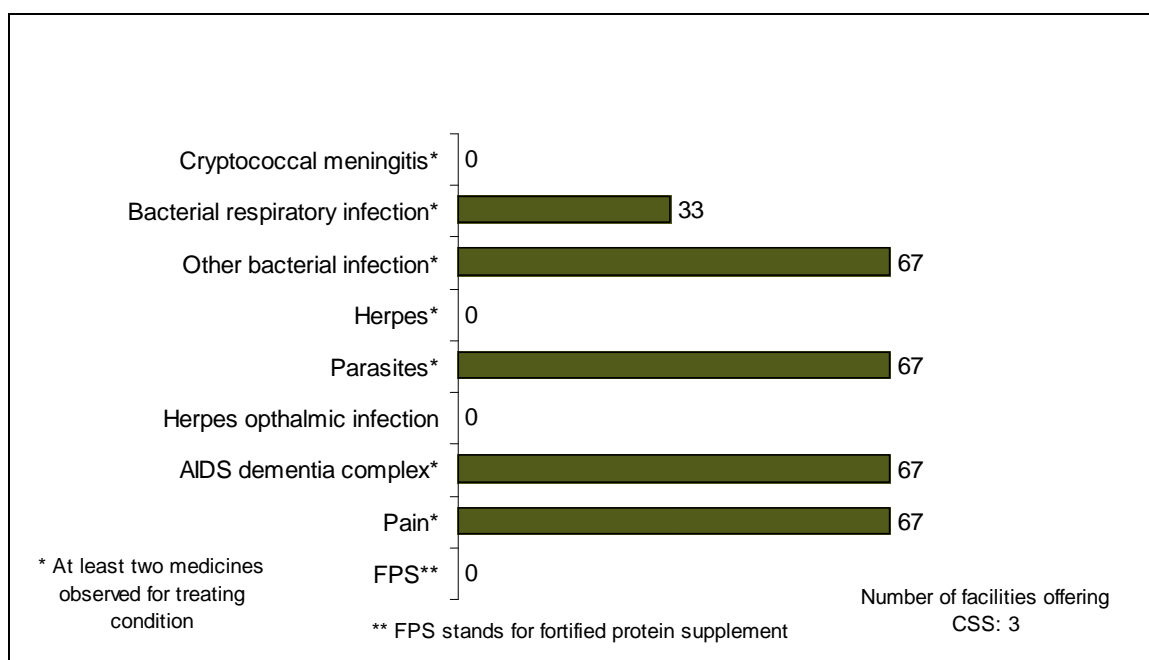
Figure 3.4.2: Laboratory testing capacity for monitoring HIV/AIDS, HSPA Saint Kitts 2006



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

As discussed 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 (Figure 3.4.3).

Figure 3.4.3: Advanced care for HIV/AIDS clients: medicines, <sup>39</sup> HSPA Saint Kitts 2006



Among the medicines to treat the most common opportunistic infections and provide palliative care are antibiotics and antifungal medicines. The HSPA found that 67 percent of the public facilities that provide care and support had at least two of the medicines for treating bacterial infections, parasites, AIDS dementia complex and pain. None had two of the indicated medicines to treat cryptococcal meningitis, herpes, herpes ophthalmic infection, or to treat with fortified protein supplement. These illnesses can

<sup>39</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, tinidazole, 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



be quite severe in immuno-compromised patients. Health planners may want to review the treatment regimen currently implemented to include a wider range of HIV- and AIDS-related medications in at least one or more facilities that accept referrals (Figure 3.4.3).

### 3.4.4 ANTI-RETROVIRAL THERAPY (ART)

There are several global and regional initiatives that have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the Pan Caribbean Partnership for HIV/AIDS (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 “3x5” Initiative, Resolution CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) 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>40</sup>

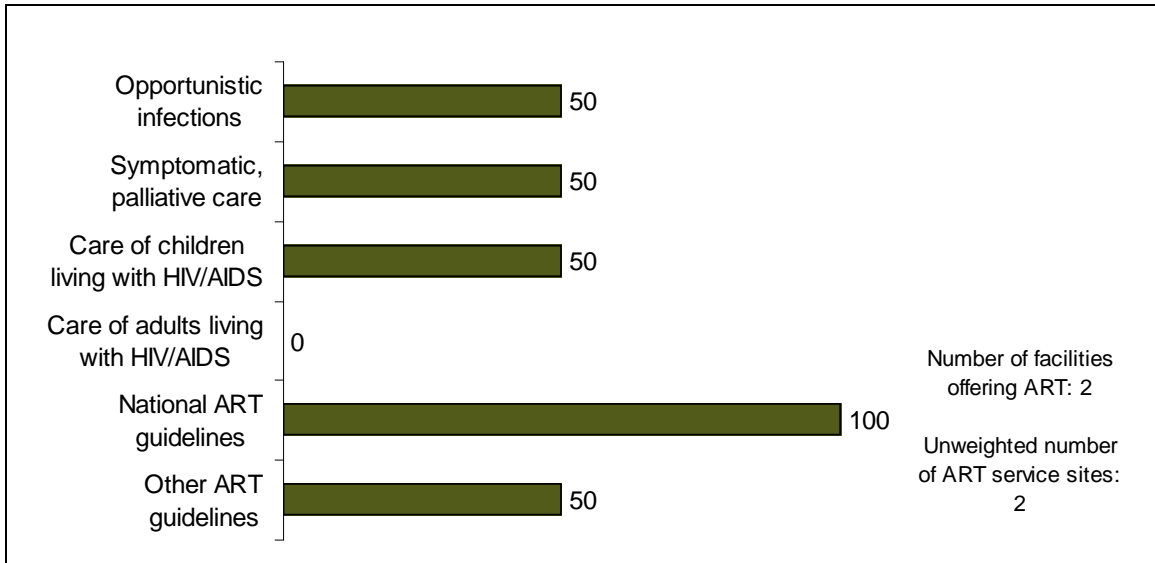
Despite the need for rapid scaling-up, there are still barriers in terms of human resources, costs, and limited equipment and supplies regulating appropriate policy development, management and strategic planning to fully offer treatment and care services to HIV and AIDS clients.<sup>41</sup> Hopefully, this survey can assist in identifying areas that need attention. In Saint Kitts (Figure 3.4.4a) among the two public facilities offering antiretroviral therapy (ART), 50 percent had guidelines or protocols in all sites providing ART services for treating OIs, for providing symptomatic palliative care and for treating children living with HIV and AIDS. All had national ART guidelines in all service sites, but none had protocols or guidelines that were observed in all sites for the care of adults living with HIV and AIDS.

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<sup>40</sup> PAHO. 2005.

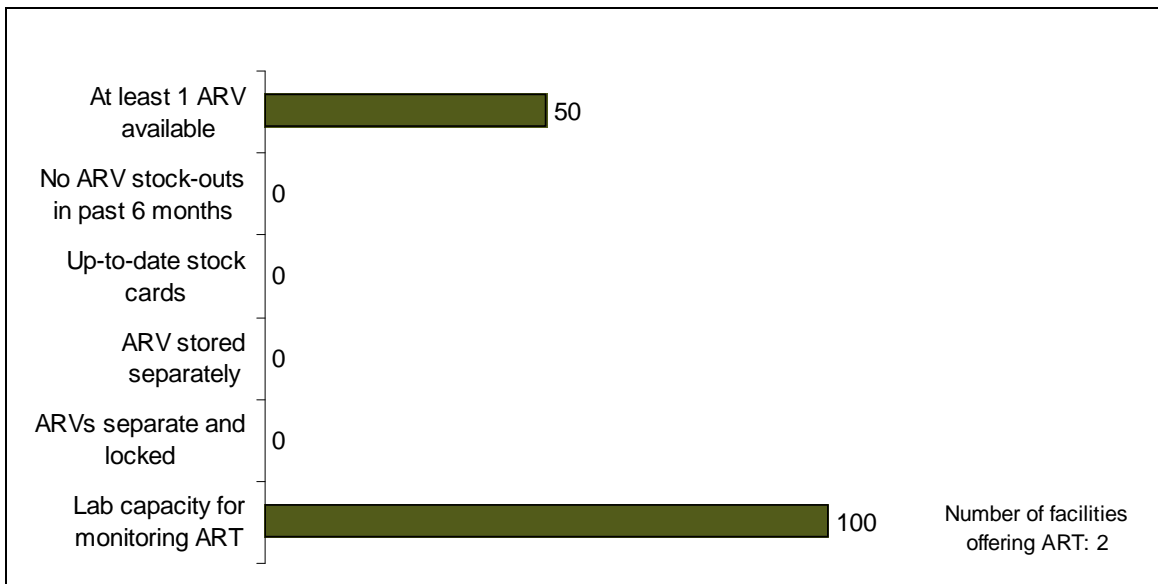
<sup>41</sup> Ibid.

Figure 3.4.4a: Protocols and Guidelines for antiretroviral combination therapy services, HSPA Saint Kitts 2006



The capacity to support antiretroviral combination therapy services is examined in Figure 3.4.4b. Between the 2 public facilities offering ART services, only one had at least one ARV available and both had the capacity for monitoring ART. However, both facilities reported having had ARV stock-outs in the last 6 months. They also did not have up-to-date stock cards and their ARV stock was not stored separately and locked.

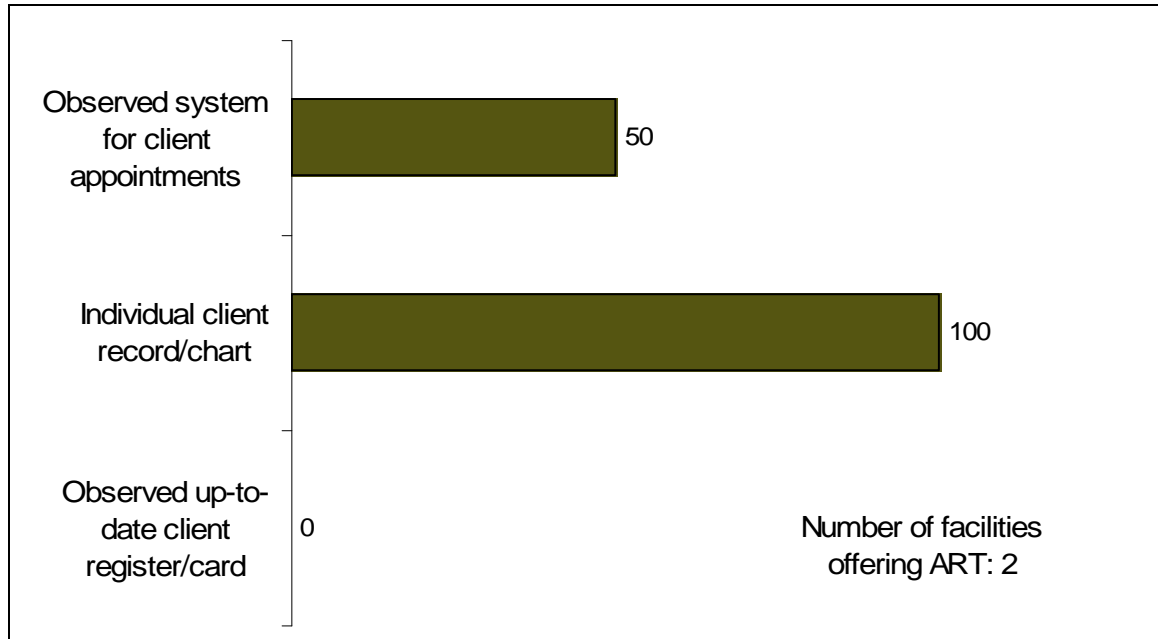
Figure 3.4.4b: ARV stock and storage conditions, HSPA Saint Kitts 2006





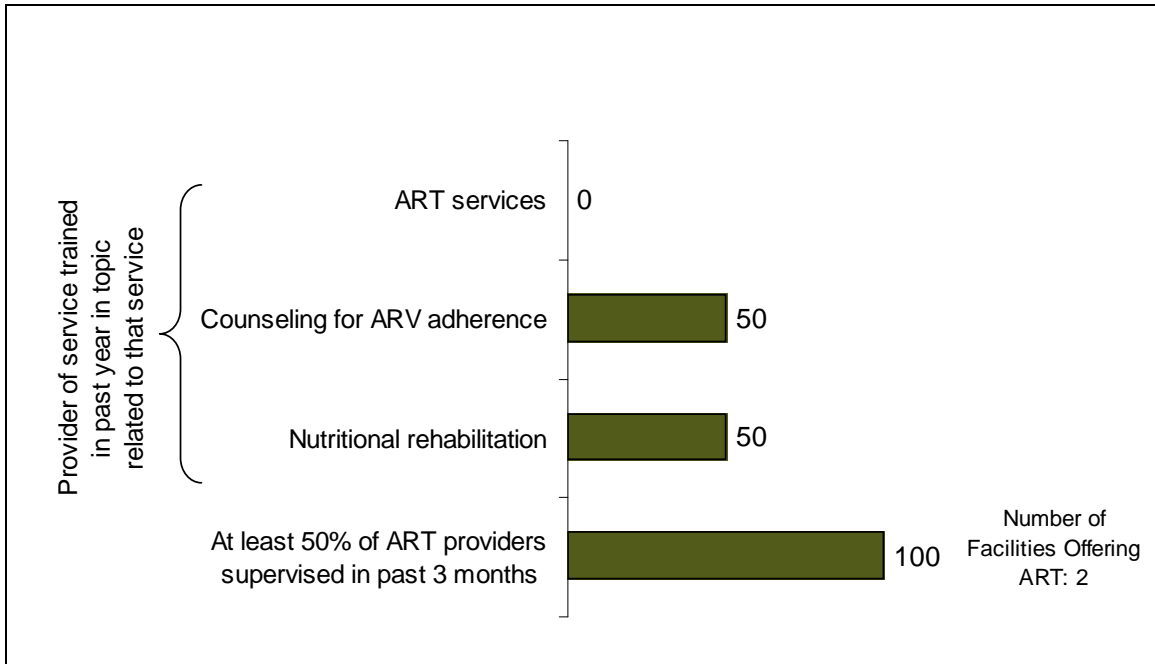
In Figures 3.4.4c and 3.4.4d, a further assessment is made of systems and items to support antiretroviral combination therapy services. In the 2 facilities offering ART, individual client records/charts for ART clients were observed, but client register/cards were not up-to-date. Fifty percent had an observed system for client appointments.

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



Fifty percent of the facilities had at least one ART provider trained in counseling for ARV adherence and nutritional rehabilitation in the past year, but none for ART services (Figure 3.4.4d). Both of the facilities offering ART had at least 50 percent of ART providers supervised in the past 3 months. Having more than one or two trained ART service providers is important in contributing to the quality and continuity of service given to HIV and AIDS clients.

Figure 3.4.4d: Management and support for health service providers of ART, HSPA Saint Kitts 2006

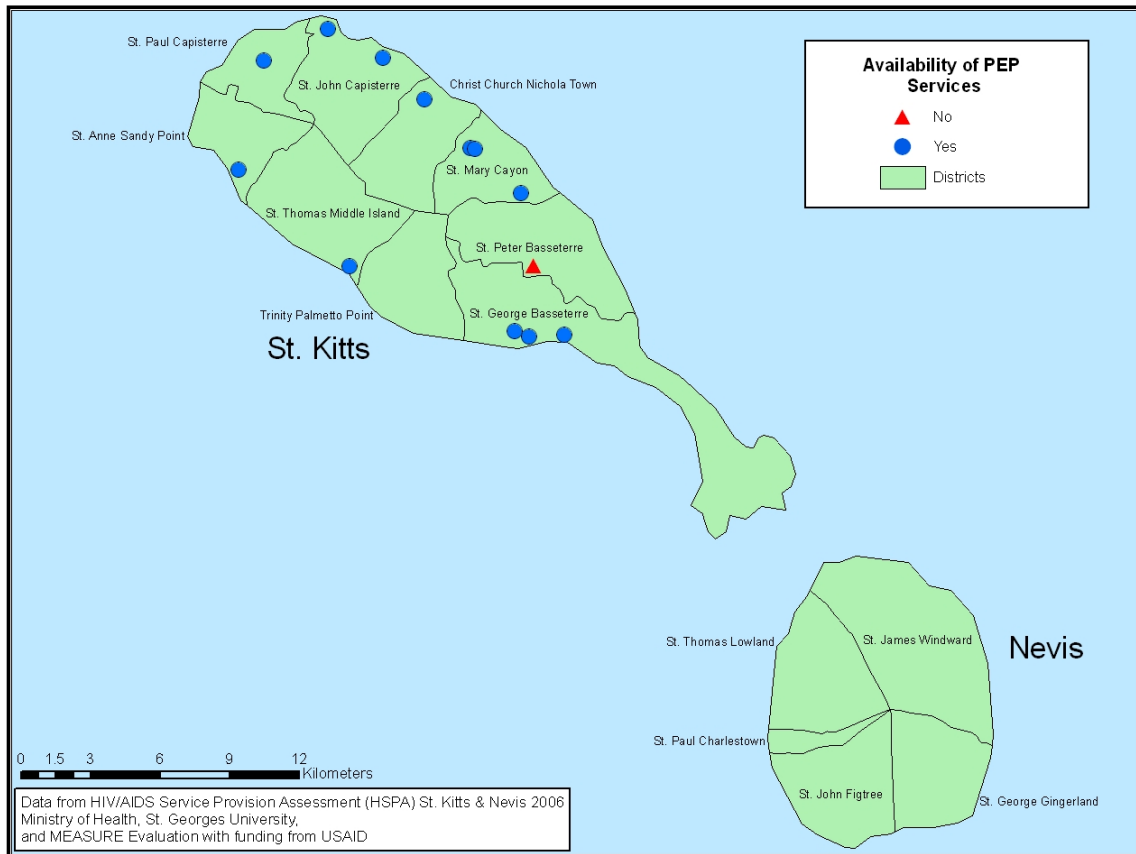


### 3.4.5 POST-EXPOSURE PROPHYLAXIS (PEP)

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 is shown in Figure 3.4.5a.

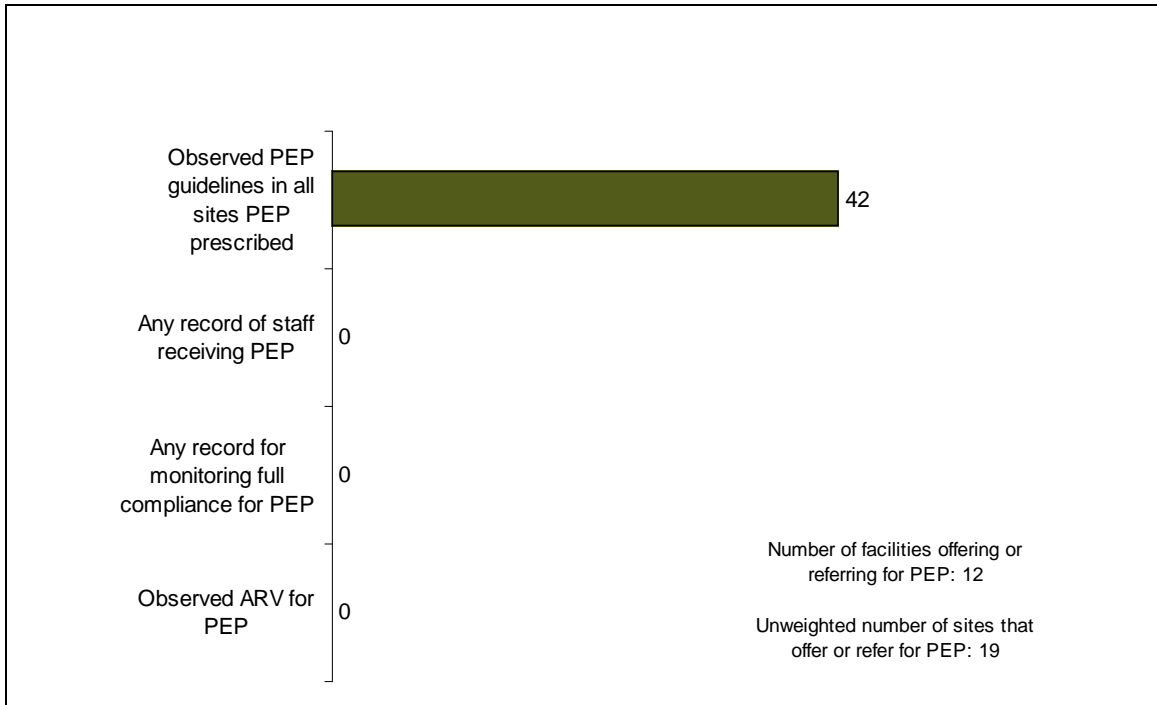


Figure 3.4.5a: Availability of post-exposure prophylaxis, HSPA Saint Kitts 2006



There are 12 facilities with 19 service sites (unweighted) that report offering PEP. Among the public facilities offering PEP or referring staff for PEP, 42 percent had observed PEP guidelines in all service sites (Figure 3.4.5b). No antiretroviral medicines for PEP were observed at any of these facilities. There were no records observed of staff receiving PEP or records for monitoring full compliance for PEP.

Figure 3.4.5b: Post-Exposure prophylaxis (PEP), HSPA Saint Kitts 2006



### 3.4.6 INPATIENT CARE AND SUPPORT SERVICES

The ability of a facility to provide inpatient services for clients needing advanced-level care is important for treating and supporting HIV and AIDS clients. The single facility in Saint Kitts offering inpatient CSS for HIV and AIDS clients, offered all services except palliative care (Figure 3.4.6).



Figure 3.4.6: Services and infrastructure for inpatient care for people living with HIV/AIDS needing advanced services, HSPA Saint Kitts 2006

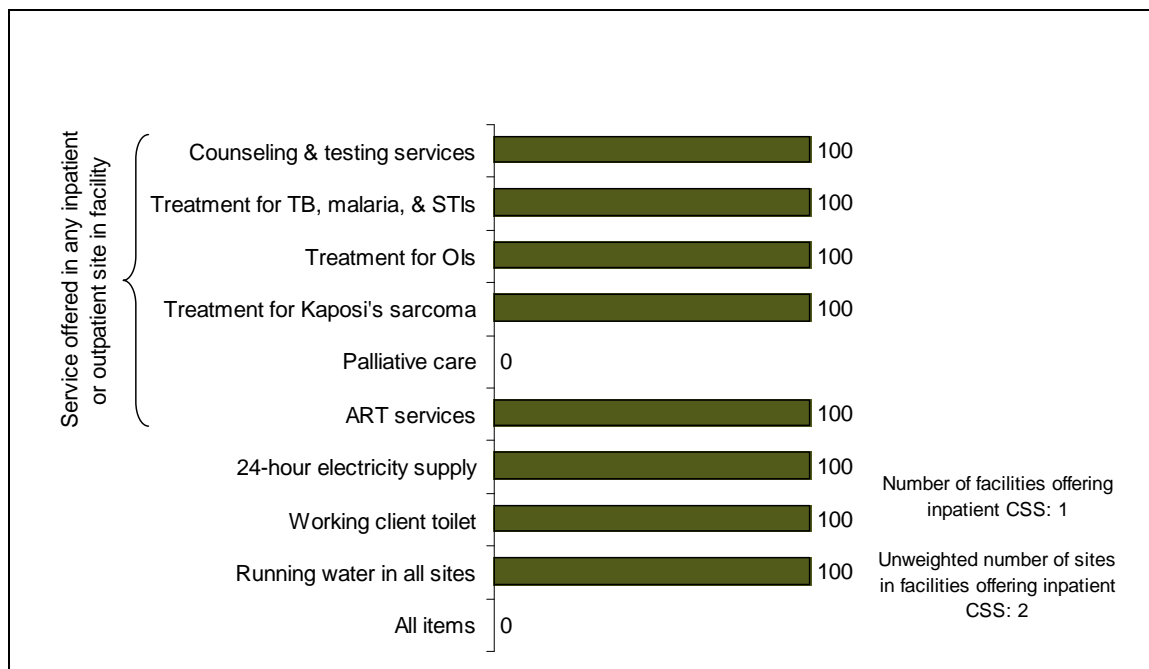


Figure 3.4.6 also investigates the infrastructure present in the one facility offering inpatient CSS. This facility had a 24-hour regular electric supply, a functioning client toilet for inpatients, and running water in all inpatient client units. In order to meet the requirements for the overall indicator, the facility must offer all services, as well as have the infrastructure found in Figure 3.4.6. Because this facility did not offer palliative care, the facility failed to have all items for the indicator.

### 3.4.7 HOME-BASED CARE SERVICES (HCS)

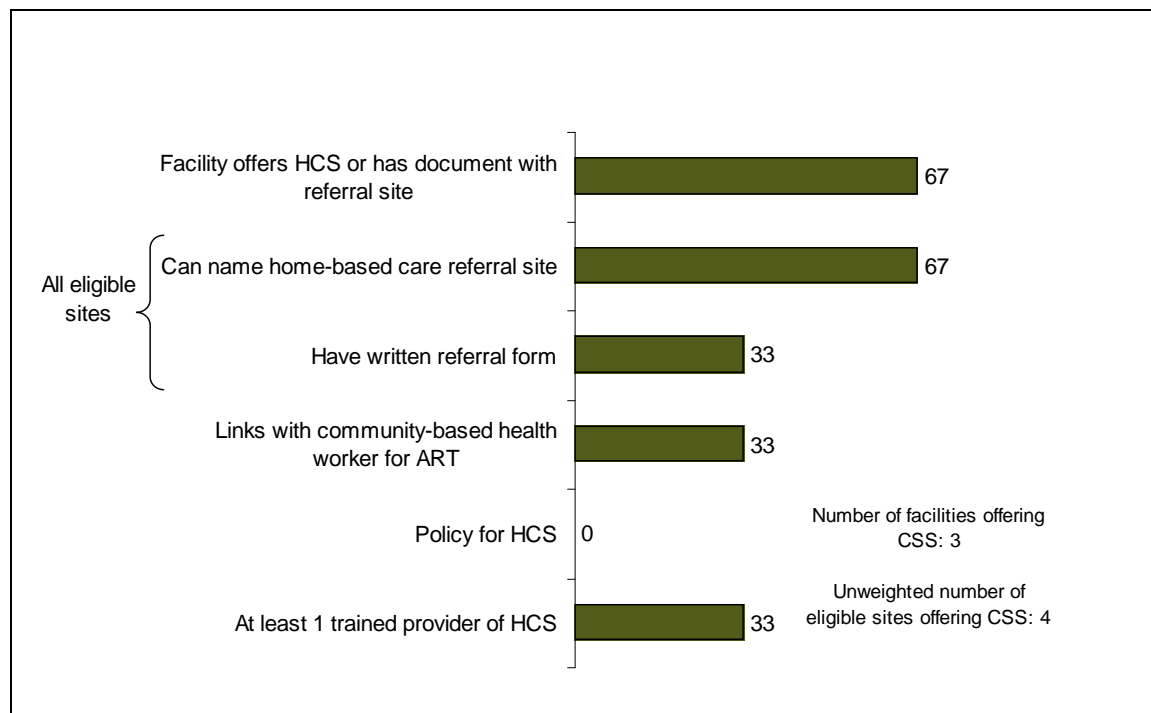
Home-based care provides support to PLHIV and their families. This includes medical care, counseling, social support (emotional, physical, financial and/or material) and other social services. Many home-based care programs are managed by community-based groups outside of the medical care establishment. 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 because it can be difficult for patients to transport themselves to a health care facility. Further, in some cases, seeking care can be dangerous due to the extreme stigma and discrimination that a client might encounter if they have physical symptoms caused by AIDS.

Among public facilities offering CSS, the percentage with the indicated items to support home-based care services (HCS) for HIV and AIDS clients is presented in Figure 3.4.7. Sixty-seven percent of the facilities offering HCS had documents with a referral site and

could name the HCS referral site. Thirty-three percent had written referral forms, links with community-based health worker for ART and at least one trained provider of HCS. There were no facilities that had a policy for HCS observed.

Figure 3.4.7: Conditions to support home-based care services (HCS), HSPA Saint Kitts 2006



### 3.4.8 PEDIATRIC AIDS CARE

Most children with HIV were born to mothers with HIV, while some may have received a transfusion of infected blood. However, where ARVs and good antenatal care are available to women, new infections in children are rare. Nevertheless, children have a different response to HIV infection and respond differently to ARV medications; therefore, HIV in children should be treated by a pediatric practitioner trained in HIV.<sup>42</sup>

<sup>42</sup> The New Mexico AIDS Info.Net. Children and HIV. Available at [http://www.aidsinonet.org/factsheet\\_detail.php?fsnumber=612](http://www.aidsinonet.org/factsheet_detail.php?fsnumber=612) (accessed January 30, 2006).



For the purposes of the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit reports providing pediatric AIDS care. Tables 3.4a (page 44) indicate that of the 13 public facilities surveyed, 8 percent offered pediatric AIDS services. Of the three facilities that offer CSS, none had at least one provider of pediatric AIDS care who was trained in the past 3 years (Figure 3.4.1b, page 47).

### 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>43</sup>

Of the 13 public facilities, 15 percent offered nutritional rehabilitation services and 8 percent offered fortified protein supplementation along with nutritional rehabilitation services (Table 3.4a, page 44). Of the three facilities offering CSS, all have a recently trained (past 3 years) provider of nutritional rehabilitation for PLHIV (Figure 3.4.1b, page 47).

## 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
- ▶ Providing HIV-positive women with counseling on the importance of family planning to prevent transmission
- ▶ Provision of prophylactic ARV to the HIV-positive woman and to her newborn (within 72 hours of birth).

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<sup>43</sup> Food and Nutrition Technical Assistance Project. 2004. *HIVAIDS: A Guide for Nutritional Care and Support*. 2<sup>nd</sup> Ed. Washington, DC: Academy for Educational Development.

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

Even given its low estimated HIV prevalence rate, Saint Kitts offers PMTCT services. Of the public facilities surveyed, 11 offer some aspects of the PMTCT services (Figure 3.5).

Figure 3.5: Location of PMTCT Services

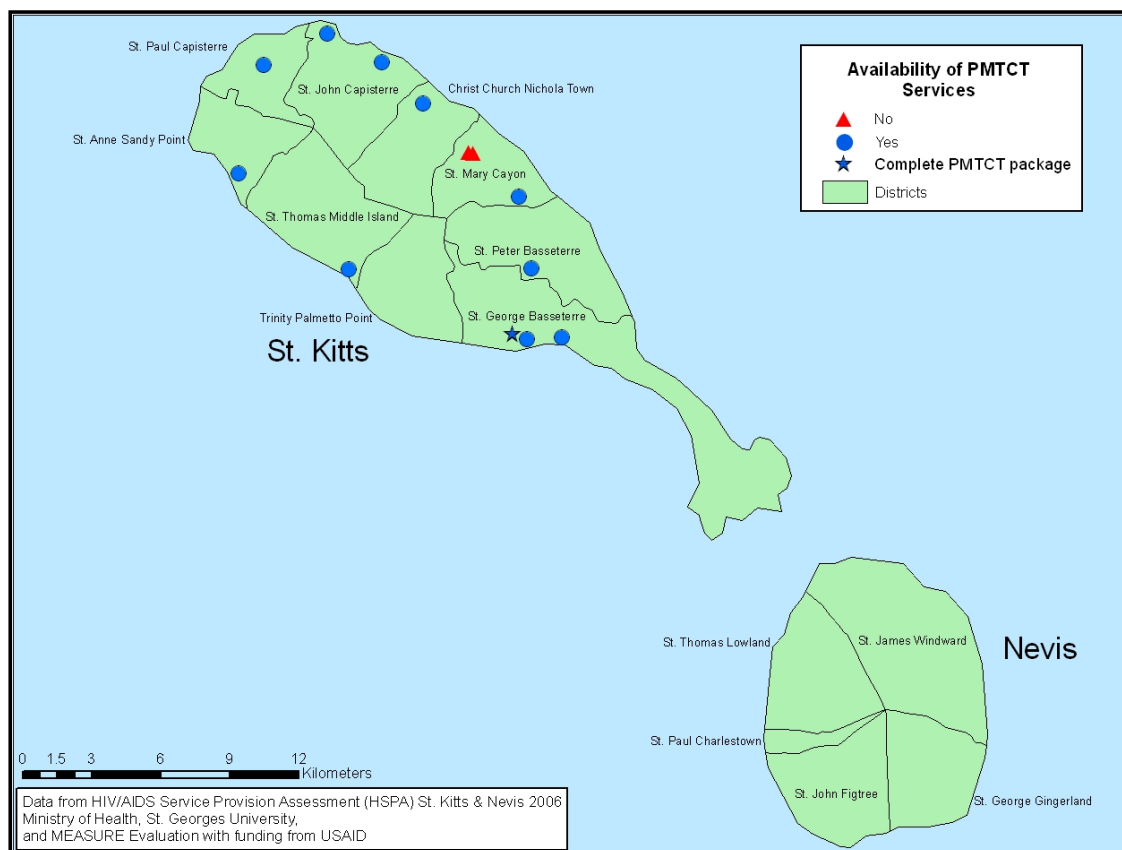


Table 3.5 presents data from the HSPA that shows 9 percent of the 11 public facilities offering PMTCT services provided all four items of the minimum package of PMTCT (pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). None of the 11 facilities provided ARV therapeutic treatment for HIV-positive women and their families, or had all items of PMTCT+.<sup>44</sup>

<sup>44</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



Table 3.5: Availability of services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS at public facilities, HSPA Saint Kitts 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>
13	11	12	64	9	46	100	9	0	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.

The degree to which a facility offers the total package of PMTCT is often determined by the level of staffing and whether or not the facility offers both antenatal care and delivery services. Additional PMTCT services (PMTCT+) include offering ART to all women identified through PMTCT as HIV-positive, as well as their family members, depending on the likelihood or risk of transmission.

## 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>45</sup>

In 2005, a monitoring and evaluation team, headed by the National Epidemiologist was established by the Ministry of Health. The team was given the responsibility to harmonize the various programme indicators and develop a monitoring and evaluation plan. The plan is expected to define the program's indicators, tools for data collection and analysis as well as a strategy for dissemination of the information. The Health Information Unit of the Ministry of Health is the focal point for the collection of all HIV- and AIDS-related information. Data from health facilities (including laboratories) and the Clinical Care Coordinator are collated and disseminated for use at all levels.<sup>46</sup>

In most countries, confidentiality continues to be an issue and the ability to track clients confidentially will become an even greater challenge as more HIV-positive clients come into the system. Ideally, forms for HIV and AIDS tracking should be integrated into a national Health Information System.

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. The results show that there are four service sites across the three facilities offering care and support services (CSS) for HIV and AIDS clients. Of the public facilities surveyed that offer CSS, 67 percent were observed to have registers to track HIV- and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit. However, no individual client records/charts or confidentiality guidelines were observed across all eligible client clinic/units. This could be problematic, as care for PLHIV can be

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<sup>45</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

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



complicated and difficult to follow appropriately if clear and consistent records are not kept on patients, 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.

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

Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients <sup>1</sup>	Percentage of facilities with			
		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 inpatient clinic/unit <sup>2</sup>	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
3	4	0	67	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

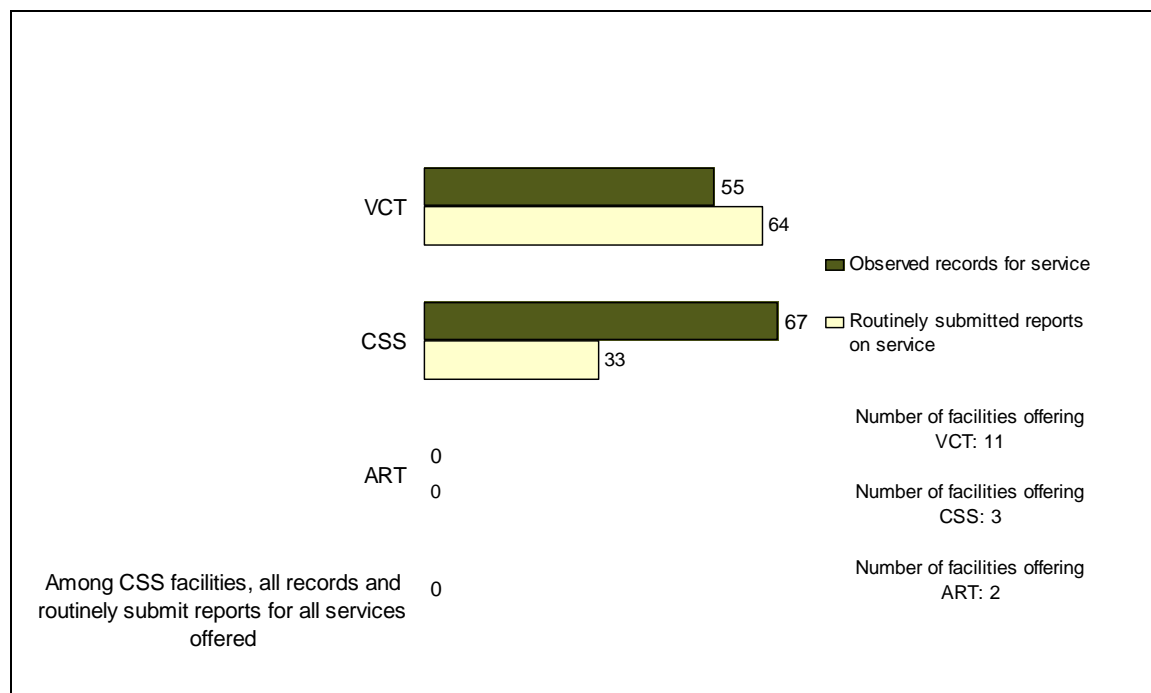
Figure 4.2.1 reports on routine record-keeping systems for monitoring HIV and AIDS care and support. Among the 11 public facilities offering VCT services, 55 percent had observed records for service with 64 percent routinely submitting reports on service. In the case of the 3 facilities offering CSS, 67 percent had observed records of service with 33 percent routine record submission.

Record-keeping and tracking clients receiving ART are very important, not only for financial management and for anticipating program delivery costs, but also for donor reporting. It is likely that given the relatively small number of clients accessing ART services, facilities may not deem routine reporting necessary or they are limited by few human resources and thus records are kept informally. However, as programs scale-up and as more HIV-positive clients enter the system, it will become increasingly important to maintain accurate records. Having reports and submitting reports may enable decision makers and partners to better understand the treatment needs at the facility level and assist in improving the overall services the facilities offer.

Among the 3 facilities offering CSS, special consideration was given as to whether these facilities both maintained records and routinely submitted reports for any and all VCT, CSS and ART services they provided. As these facilities may be more likely to provide services for HIV and AIDS clients, they are important points of reference for tracking the impact of the disease in the country. None of the facilities that offer CSS both

maintained records and routinely submitted reports on all of the services offered in the facility.

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



#### 4.2.2 RECORDS OF 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. In Saint Kitts (Table 4.2.2a), where PMTCT is offered in 11 facilities (12 sites), only 9 percent could provide records of all items for routine record-keeping for PMTCT services.

As shown in Table 4.2.2a, 27 percent of the facilities offering PMTCT services had observable records of women attending ANC and who accepted HIV testing. Likewise, 27 percent had records of women who received their HIV test results and records of women who received post-test counseling for HIV (by serostatus). Nine percent had a record of HIV-positive pregnant women who were provided a complete ARV course for PMTCT. This illustrates the need for greater record-keeping capacity among facilities offering PMTCT, not only for reporting but for planning, programming, and advocacy needs.



Table 4.2.2a: Availability of service records for PMTCT services among public facilities that offer any PMTCT services, HSPA Saint Kitts 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
13	11	12	27	27	27	9	9

<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. In Saint Kitts there was no facility offering PMTCT+ services, hence the keeping of records of HIV-positive pregnant women or their family member(s) who receive ARV was not available (Tables 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 Saint Kitts 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
13	0	0	NA	NA	NA

<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).

## CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

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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>47</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 15–19 having characteristics of a distinct epidemic profile.”<sup>48</sup>

Since youth are a major target group in HIV and AIDS prevention and treatment, the HSPA asked questions about youth and the provision of youth-friendly services (YFS). This indicator is defined using information from the facility or unit representatives (under VCT and PMTCT services) and provider responses regarding general YFS that are available. If YFS services are available, then the HSPA investigates whether there are any written policies or guidelines for the YFS available and whether specific staff has received training in providing YFS. The HSPA also asked if YFS included a separate room for providing the services and if there were discounts or waived fees for youth to make services more accessible.

### 5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

Only 4 of 11 facilities with an HIV testing system have youth-friendly HIV testing services. Although YFS policies/guidelines were not observed in any of the facilities offering it, all had at least one trained provider in YFS (Table 5.2). Having YFS sites/facilities available is paramount to reaching this at-risk population. Saint Kitts and Nevis, like 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 Saint Kitts, 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>49</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>50</sup>

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<sup>47</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.

<sup>48</sup> CAREC. 2004.

<sup>49</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>50</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 Saint Kitts 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>
11	4	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 key to curbing the epidemic. It is crucial to reach young people early, “before adolescents start developing lifelong sexual habits.”<sup>51</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>51</sup>Idid.

## 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 and priority program areas outlined in the Saint Kitts national strategic plan (NSP)<sup>52</sup> that was developed for the national response to HIV and AIDS. The major priority areas identified in the NSP are—

1. Prevention
2. Care, treatment, and support
3. Advocacy
4. Research, surveillance, and epidemiology
5. Program coordination and management.

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. In particular, data from the HSPA can highlight specific strengths and weaknesses in the areas of basic and advanced-level services for HIV and AIDS.

Of the 13 public facilities surveyed in Saint Kitts, 11 had an HIV testing system with at least one counselor trained in pre- and post-test counseling. Almost all of the providers of HIV- and AIDS-related counseling were trained in their area of counseling. Of the six types of counseling identified, there was strength in psychological counseling, with 87 percent of the providers of this service who were surveyed reporting receiving training in the last 3 years. The survey found that 63 percent of the providers of HIV- and AIDS-related services had a positive attitude toward PLHIV. However, there is a need to further sensitize health care workers and better inform them so they can work effectively with HIV and AIDS clients.

The three public facilities offering care and support services were strong in the areas of STI and TB diagnostic and treatment services. Eight of the public facilities reported following DOTS but all first-line TB medicines were not available at all facilities. The capacity at public facilities in term of elements for preventing nosocomial infections was good, and the infrastructure for laboratory testing has attained a reasonable level for most tests in those facilities that offer CSS. Sixty-seven percent of the facilities offering any CSS had at least two medicines for managing many different opportunistic infections.

Although the HIV prevalence rate in Saint Kitts is low, data from the HSPA show that almost all of the public facilities (11 of 13) provided some aspect of PMTCT services, with 9 percent of them providing all four items of the minimum package of PMTCT (pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). In addition to PMTCT, care and treatment of PLHIV could be strengthened. It is noted that there are only two recently trained providers of adherence counseling for ART and very little

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<sup>52</sup> UNGASS.2006



infrastructure for palliative care. This may need expanding if the epidemic were to increase.

While there was evidence of a good record system for individual client appointments observed in all relevant program sites of the facilities offering CSS, only 33 percent of facilities had guidelines/protocols for treating opportunistic infections, as well as guidelines/protocols for symptomatic palliative care and for the care of children living with HIV and AIDS. The implication is that this is an area of weakness, since it is important that guidelines be available in health facilities to maintain a minimum quality of service to clients. Routine record-keeping is another area that needs attention. Of the three public facilities surveyed that offer CSS, 67 percent were observed to have registers to track HIV- and AIDS-related client diagnoses, but no individual records/charts or confidentiality guidelines were observed across all eligible client clinic/units. This is particularly important in tracking clients receiving ART, where no records were observed or routinely submitted. The same was true with respect to records for PMTCT, where observed records of HIV-positive pregnant women who were offered a complete ARV course were available at only 9 percent of the facilities offering PMTCT services.

Some attention is being given to youth, who are a major target group in HIV and AIDS prevention and treatment programs. Four facilities had at least one trained provider of YFS, but policy/guidelines for YFS need to be scaled up and conditions at facilities made more amenable to youth.

The HSPA has revealed programmatic strengths and weaknesses that respond to some of the priority areas identified in Saint Kitts's National Strategic Plan. The findings in this report should be a useful resource to help the country work toward realizing its strategic goals.

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## APPENDIX A: TABLES

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**Table 1.1 System for testing and for providing 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, St Kitts SPA 2006.

Background characteristics	Percentage of facilities with HIV testing system <sup>2</sup>	Number of facilities	Percentage of facilities with indicated items:				All items for indicator <sup>5</sup>	Number of facilities with HIV testing system	Number of service sites with HIV testing system <sup>6</sup>
			HIV test available in facility or affiliated lab	HIV test available or observed record for testing conducted outside facility	Item observed in all relevant service sites in the facility				
					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>									
Hospital	100	2	50	50	50	0	2	6	
Health Center	82	11	0	67	56	0	9	18	
Laboratory	100	1	100	100	100	0	1	1	
Other	33	3	0	0	0	0	1	2	
<b>Authority</b>									
Government	85	13	9	64	55	0	11	24	
Non-governmental	50	4	50	50	50	0	2	3	
<b>Tier</b>									
Advanced	100	3	67	67	67	0	3	7	
Basic	71	14	0	60	50	0	10	20	
<b>Total</b>	<b>76</b>	<b>17</b>	<b>15</b>	<b>62</b>	<b>54</b>	<b>0</b>	<b>13</b>	<b>27</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.

Table 1.1 CSPA 2006

**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, St Kitts 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	Observed up-to-date record in each relevant unit for clients receiving pre and post test counseling				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 system linking test results with pre and post test counseling	Visual and auditory privacy possible in all counseling areas						
<b>Facility Type</b>												
Hospital	100	100	50	50	0	0	0	50	0	2	6	
Health Center	67	100	22	11	0	11	0	44	0	9	18	
Laboratory	0	0	0	0	0	0	0	0	0	1	1	
Other	100	100	100	100	0	0	0	100	0	1	2	
<b>Authority</b>												
Government	73	100	27	18	0	9	0	45	0	11	24	
Non-governmental	50	50	50	50	0	0	0	50	0	2	3	
<b>Tier</b>												
Advanced	67	67	33	33	0	0	0	33	0	3	7	
Basic	70	100	30	20	0	10	0	50	0	10	20	
<b>Total</b>	<b>69</b>	<b>92</b>	<b>31</b>	<b>23</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>46</b>	<b>0</b>	<b>13</b>	<b>27</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.

Table 1.2 CSPA 2006

**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, St Kitts 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 HIV/AIDS clients and following DOTS strategy	Number of sites offering CSS and TB service using DOTS strategy
			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		
<b>Facility Type</b>										
Hospital	50	2	100	100	1	0	0	100	1	1
Health Center	18	11	100	100	2	50	100	50	2	2
Laboratory	0	1	na	na	0	na	na	na	na	na
Other	100	3	67	0	3	na	na	na	0	0
<b>Authority</b>										
Government	23	13	100	100	3	33	67	67	3	3
Non-governmental	75	4	67	0	3	na	na	na	0	0
<b>Tier</b>										
Advanced	33	3	100	100	1	0	0	100	1	1
Basic	36	14	80	40	5	50	100	50	2	2
<b>Total</b>	<b>35</b>	<b>17</b>	<b>83</b>	<b>50</b>	<b>6</b>	<b>33</b>	<b>67</b>	<b>67</b>	<b>3</b>	<b>3</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.

**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, St Kitts 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
	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	100	0	100	0	0	100	0	1	4
Health Center	100	0	0	50	100	50	0	2	2
Laboratory	na	na	na	na	na	na	na	0	0
Other	0	50	0	0	0	0	0	2	2
<b>Authority</b>									
Government	100	0	33	33	67	67	0	3	6
Non-governmental	0	50	0	0	0	0	0	2	2
<b>Tier</b>									
Advanced	100	0	100	0	0	100	0	1	4
Basic	50	25	0	25	50	25	0	4	4
<b>Total</b>	<b>60</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>5</b>	<b>8</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.

Table 1.3b CSPA 2006

**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, St Kitts 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	Observed record of sputum test results
<b>Facility Type</b>										
Hospital	100	100	100	1	0	0	0	100	1	
Health Center	100	100	100	2	0	0	0	0	2	
Laboratory	na	na	na	0	na	na	na	na	na	
Other	67	33	33	3	0	0	0	0	1	
<b>Authority</b>										
Government	100	100	100	3	0	0	0	33	3	
Non-governmental	67	33	33	3	0	0	0	0	1	
<b>Tier</b>										
Advanced	100	100	100	1	0	0	0	100	1	
Basic	80	60	60	5	0	0	0	0	3	
<b>Total</b>	<b>83</b>	<b>67</b>	<b>67</b>	<b>6</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>4</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.

**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, St Kitts 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
			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	100	1	0	100	0	1	
Health Center	0	2	na	na	na	0	
Laboratory	na	0	na	na	na	na	
Other	33	3	100	0	1	1	
<b>Authority</b>							
Government	33	3	0	100	0	1	
Non-governmental	33	3	100	0	1	1	
<b>Tier</b>							
Advanced	100	1	0	100	0	1	
Basic	20	5	100	0	1	1	
<b>Total</b>	<b>33</b>	<b>6</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>2</b>	

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

**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, St Kitts 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
			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	1	0	100	100	0	1	5
Health Center	100	2	100	0	100	0	2	2
Laboratory	na	0	na	na	na	na	na	na
Other	100	3	33	0	100	0	3	3
<b>Authority</b>								
Government	100	3	67	33	100	0	3	7
Non-governmental	100	3	33	0	100	0	3	3
<b>Tier</b>								
Advanced	100	1	0	100	100	0	1	5
Basic	100	5	60	0	100	0	5	5
<b>Total</b>	<b>100</b>	<b>6</b>	<b>50</b>	<b>17</b>	<b>100</b>	<b>0</b>	<b>6</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>At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, 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.

**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, St Kitts 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	
			All items for all components of indicator <sup>1</sup>		
<b>Facility Type</b>					
Hospital	50	2	0	100	1
Health Center	18	11	0	50	2
Laboratory	0	1	na	na	0
Other	100	3	33	0	3
<b>Authority</b>					
Government	23	13	0	67	3
Non-governmental	75	4	33	0	3
<b>Tier</b>					
Advanced	33	3	0	100	1
Basic	36	14	20	20	5
<b>Total</b>	<b>35</b>	<b>17</b>	<b>17</b>	<b>33</b>	<b>6</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).

**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, St Kitts 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
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service areas		
<b>Facility Type</b>								
Hospital	50	50	50	50	0	0	2	22
Health Center	100	100	91	91	55	46	11	37
Laboratory	100	0	100	100	100	0	1	1
Other	100	100	33	100	67	33	3	8
<b>Authority</b>								
Government	92	92	85	85	46	38	13	59
Non-governmental	100	75	50	100	75	25	4	9
<b>Tier</b>								
Advanced	67	33	67	67	33	0	3	23
Basic	100	100	79	93	57	43	14	45
<b>Total</b>	<b>94</b>	<b>88</b>	<b>76</b>	<b>88</b>	<b>53</b>	<b>35</b>	<b>17</b>	<b>68</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.

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

Among all facilities, percentage with the indicated infection control elements, by background characteristics, St Kitts 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	50	50	0	100	0	0	2
Health Center	100	55	45	100	45	27	11
Laboratory	0	0	0	100	0	0	1
Other	100	0	0	67	0	0	3
<b>Authority</b>							
Government	92	54	39	100	39	23	13
Non-governmental	75	0	0	75	0	0	4
<b>Tier</b>							
Advanced	33	33	0	100	0	0	3
Basic	100	43	36	93	36	21	14
<b>Total</b>	<b>88</b>	<b>41</b>	<b>29</b>	<b>94</b>	<b>29</b>	<b>18</b>	<b>17</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.

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

Percentage of facilities with indicated elements for prevention of infections, by background characteristics, St Kitts 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	100	0	100	2
Health Center	55	9	100	11
Laboratory	0	0	100	1
Other	0	0	100	3
<b>Authority</b>				
Government	62	8	100	13
Non-governmental	0	0	100	4
<b>Tier</b>				
Advanced	67	0	100	3
Basic	43	7	100	14
<b>Total</b>	<b>47</b>	<b>6</b>	<b>100</b>	<b>17</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 offsite, and there is no unprotected hazardous waste observed.

**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, St Kitts 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
				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>							
Hospital	50	50	2	0	100	1	2
Health Center	18	18	11	50	0	2	2
Laboratory	0	0	1	na	na	na	na
Other	100	100	3	67	67	3	3
<b>Authority</b>							
Government	23	23	13	33	33	3	4
Non-governmental	75	75	4	67	67	3	3
<b>Tier</b>							
Advanced	33	33	3	0	100	1	2
Basic	36	36	14	60	40	5	5
<b>Total</b>	<b>35</b>	<b>35</b>	<b>17</b>	<b>50</b>	<b>50</b>	<b>6</b>	<b>7</b>

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

**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, St Kitts SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients with at least one medicines for managing the indicated conditions or with the indicated item										Number of facilities offering HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites	
	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	100	100	100	0	100	100	100	100	100	100	1	2
Health Center	50	0	50	50	50	50	50	50	50	50	50	2	2
Laboratory	na	na	na	na	na	na	na	na	na	na	na	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	3	3
<b>Authority</b>													
Government	67	33	67	67	33	67	67	67	67	67	67	3	4
Non-governmental	0	0	0	0	0	0	0	0	0	0	0	3	3
<b>Tier</b>													
Advanced	100	100	100	100	0	100	100	100	100	100	100	1	2
Basic	20	0	20	20	20	20	20	20	20	20	20	5	5
<b>Total</b>	<b>33</b>	<b>17</b>	<b>33</b>	<b>33</b>	<b>17</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>6</b>	<b>7</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 Violet 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

**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, St Kitts 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 and reporting they ever offer IPT for TB	Number of service sites that report they ever offer CSS and IPT for TB
	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	0	0	100	1	0	100	1	1
Health Center	0	50	0	2	0	0	1	1
Laboratory	na	na	na	0	na	na	na	na
Other	33	0	33	3	100	0	1	1
<b>Authority</b>								
Government	0	33	33	3	0	50	2	2
Non-governmental	33	0	33	3	100	0	1	1
<b>Tier</b>								
Advanced	0	0	100	1	0	100	1	1
Basic	20	20	20	5	50	0	2	2
<b>Total</b>	<b>17</b>	<b>17</b>	<b>33</b>	<b>6</b>	<b>33</b>	<b>33</b>	<b>3</b>	<b>3</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.

**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, St Kitts SPA 2006.

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Among facilities routinely offering preventive CPT, percentage with		Number of facilities offering CSS for HIV/AIDS clients	Number of service sites that report they ever offer CSS and CPT
	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	0	na	na	1	0
Health Center	50	0	0	na	na	2	0
Laboratory	na	na	na	na	na	0	na
Other	0	0	100	67	0	3	3
<b>Authority</b>							
Government	33	0	0	na	na	3	0
Non-governmental	0	0	100	67	0	3	3
<b>Tier</b>							
Advanced	0	0	0	na	na	1	0
Basic	20	0	60	67	0	5	3
<b>Total</b>	<b>17</b>	<b>0</b>	<b>50</b>	<b>67</b>	<b>0</b>	<b>6</b>	<b>3</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.

**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, St Kitts 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
	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	0	0	0	0	1	2
Health Center	0	100	0	0	0	2	2
Laboratory	na	na	na	na	na	0	0
Other	0	0	0	0	0	3	3
<b>Authority</b>							
Government	0	67	0	0	0	3	4
Non-governmental	0	0	0	0	0	3	3
<b>Tier</b>							
Advanced	0	0	0	0	0	1	2
Basic	0	40	0	0	0	5	5
<b>Total</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>7</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.

**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, St Kitts 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>													
Hospital	50	2	100	0	100	100	0	100	0	0	100	0	1
Health Center	18	11	50	0	0	50	0	0	50	0	50	0	2
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	0
Other	100	3	0	0	0	0	0	0	0	0	0	0	3
<b>Authority</b>													
Government	23	13	67	0	33	67	0	67	0	0	67	0	3
Non-governmental	75	4	0	0	0	0	0	0	0	0	0	0	3
<b>Tier</b>													
Advanced	33	3	100	0	100	100	0	100	0	0	100	0	1
Basic	36	14	20	0	0	20	0	20	0	0	20	0	5
<b>Total</b>	<b>35</b>	<b>17</b>	<b>33</b>	<b>0</b>	<b>17</b>	<b>33</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>6</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, dipyron injectable, oral morphine)

<sup>9</sup>Fortified protein supplement

**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, St Kitts 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	50	2	100	100	100	100	100	100	100	100	100	100	100	100	0	1
Health Center	18	11	0	0	50	50	50	50	50	50	50	0	0	100	0	2
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	na	na	na	0
Other	100	3	0	0	33	33	33	33	33	33	33	0	0	0	0	3
<b>Authority</b>																
Government	23	13	33	33	67	67	67	67	67	67	67	33	33	100	0	3
Non-governmental	75	4	0	0	33	33	33	33	33	33	33	0	0	0	0	3
<b>Tier</b>																
Advanced	33	3	100	100	100	100	100	100	100	100	100	100	100	100	0	1
Basic	36	14	0	0	40	40	40	40	40	40	40	0	0	40	0	5
<b>Total</b>	<b>35</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>17</b>	<b>17</b>	<b>50</b>	<b>0</b>	<b>6</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> Has all laboratory testing capacity or system for receiving results, as well as all indicated medicines within the facility (see Table 2.1a)

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, St Kitts 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
	Observed guidelines/protocols for offering the service, in all sites where clinical CSS is offered				Observed record system for individual client appointments in all relevant program sites		
	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	100	1	2
Health Center	50	50	50	0	100	2	2
Laboratory	na	na	na	na	na	0	0
Other	67	67	33	67	67	3	3
<b>Authority</b>							
Government	33	33	33	0	100	3	4
Non-governmental	67	67	33	67	67	3	3
<b>Tier</b>							
Advanced	0	0	0	0	100	1	2
Basic	60	60	40	40	80	5	5
<b>Total</b>	<b>50</b>	<b>50</b>	<b>33</b>	<b>33</b>	<b>83</b>	<b>6</b>	<b>7</b>

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

**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, St Kitts 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	
	At least one provider of indicated HIV/AIDS service trained in the past 3 years in topic related to that service						At least half of providers of services for PLHIV were supervised during past 3 months						All items for indicator <sup>1</sup>
	Psychological counseling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infectious persons							
<b>Facility Type</b>	100	100	100	0	0	100	100	0	0	0	1	2	
Hospital Health Center	100	0	50	0	0	100	100	0	0	0	2	2	
Laboratory	na	na	na	na	na	na	na	na	na	na	0	0	
Other	33	67	33	33	0	67	67	0	0	0	3	3	
<b>Authority</b>													
Government	100	33	67	0	0	100	100	67	0	0	3	4	
Non-governmental	33	67	33	33	0	67	67	0	0	0	3	3	
<b>Tier</b>													
Advanced	100	100	100	0	0	100	100	100	0	0	1	2	
Basic	60	40	40	20	0	80	80	20	0	0	5	5	
<b>Total</b>	<b>67</b>	<b>50</b>	<b>50</b>	<b>17</b>	<b>0</b>	<b>83</b>	<b>83</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>7</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.

**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, St Kitts 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
			ART treatment guidelines:							
			Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	National ART treatment guidelines for (adults and pediatric)	Other ART treatment guidelines for adults		
<b>Facility Type</b>										
Hospital	50	2	0	0	0	0	100	0	1	
Health Center	9	11	100	100	100	0	100	100	1	
Laboratory	0	1	na	na	na	na	na	na	0	
Other	100	3	67	67	33	67	0	67	3	
<b>Authority</b>										
Government	15	13	50	50	50	0	100	50	2	
Non-governmental	75	4	67	67	33	67	0	67	3	
<b>Tier</b>										
Advanced	33	3	0	0	0	0	100	0	1	
Basic	29	14	75	75	50	50	25	75	4	
<b>Total</b>	<b>29</b>	<b>17</b>	<b>60</b>	<b>60</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>60</b>	<b>5</b>	

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

**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, St Kitts 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
	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	0	0	0	0	100	1	1
Health Center	0	0	0	0	0	100	1	1
Laboratory	na	na	na	na	na	na	0	0
Other	0	0	0	0	0	0	3	3
<b>Authority</b>								
Government	50	0	0	0	0	100	2	2
Non-governmental	0	0	0	0	0	0	3	3
<b>Tier</b>								
Advanced	100	0	0	0	0	100	1	1
Basic	0	0	0	0	0	25	4	4
<b>Total</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>5</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>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.

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, St Kitts SPA 2006.

Background characteristics	Percentage of facilities offering ART and having							Number of facilities offering ART	Number of sites offering ART services	
	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	100	0	100	100	100	0	1	1	
Health Center	0	100	0	0	0	100	0	1	1	
Laboratory	na	na	na	na	na	na	na	0	0	
Other	67	100	0	0	33	0	0	3	3	
<b>Authority</b>										
Government	50	100	0	50	50	100	0	2	2	
Non-governmental	67	100	0	0	33	0	0	3	3	
<b>Tier</b>										
Advanced	100	100	0	100	100	100	0	1	1	
Basic	50	100	0	0	25	25	0	4	4	
<b>Total</b>	<b>60</b>	<b>100</b>	<b>0</b>	<b>20</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>5</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.

Table 2.3c CSPA 2006

**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, St Kitts 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		
			Indicated service offered in facility at any site, either inpatient or outpatient		Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Antiretroviral therapy (ART)	With 24-hour regular electric supply	A functioning client 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												
<b>Facility Type</b>																
Hospital	50	2	100	100	100	100	0	100	100	100	100	100	100	100	1	2
Health Center	0	11	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	3	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Authority</b>																
Government	8	13	100	100	100	100	0	100	100	100	100	100	100	100	1	2
Non-governmental	0	4	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Tier</b>																
Advanced	33	3	100	100	100	100	0	100	100	100	100	100	100	100	1	2
Basic	0	14	na	na	na	na	na	na	na	na	na	na	na	na	0	0
<b>Total</b>	<b>6</b>	<b>17</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</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>1</b>	<b>2</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).

**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, St Kitts 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	
			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	2	0	0	0	0	0	0	0	0	2	8
Health Center	91	11	50	0	0	0	0	0	0	0	10	11
Laboratory	0	1	na	na	na	na	na	na	na	na	0	0
Other	100	3	67	33	0	0	0	0	0	0	3	3
<b>Authority</b>												
Government	92	13	42	0	0	0	0	0	0	0	12	19
Non-governmental	75	4	67	33	0	0	0	0	0	0	3	3
<b>Tier</b>												
Advanced	67	3	0	0	0	0	0	0	0	0	2	8
Basic	93	14	54	8	0	0	0	0	0	0	13	14
<b>Total</b>	<b>88</b>	<b>17</b>	<b>47</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>22</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.

**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, St Kitts 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 having records for HIV/AIDS services offered <sup>1</sup> , and 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	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	With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated	With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated	
<b>Facility Type</b>													
Hospital	50	50	0	0	0	0	0	1	0	0	0	0	1
Health Center	56	67	0	0	0	0	100	1	50	0	0	0	2
Laboratory	0	0	na	na	na	na	na	0	na	na	na	na	0
Other	0	0	0	0	0	0	0	3	0	0	0	0	3
<b>Authority</b>													
Government	55	64	0	0	0	0	67	2	33	0	0	0	3
Non-governmental	0	0	0	0	0	0	0	3	0	0	0	0	3
<b>Tier</b>													
Advanced	33	33	0	0	0	0	0	1	0	0	0	0	1
Basic	50	60	0	0	0	0	40	4	20	0	0	0	5
<b>Total</b>	<b>46</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>5</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</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

**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, St Kitts 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	At least one trained provider for YFS <sup>1</sup>	
<b>Facility Type</b>				All items for indicator <sup>2</sup>	
Hospital	0	2	na	na	0
Health Center	44	9	0	100	4
Laboratory	0	1	na	na	0
Other	100	1	0	0	1
<b>Authority</b>					
Government	36	11	0	100	4
Non-governmental	50	2	0	0	1
<b>Tier</b>					
Advanced	0	3	na	na	0
Basic	50	10	0	80	5
<b>Total</b>	<b>38</b>	<b>13</b>	<b>0</b>	<b>80</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>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

**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, St Kitts 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
	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					
<b>Facility Type</b>								
Hospital	100	100	100	100	0	0	1	2
Health Center	50	0	0	0	0	50	2	2
Laboratory	na	na	na	na	na	na	0	0
Other	0	100	100	100	0	0	3	3
<b>Authority</b>								
Government	67	33	33	33	0	33	3	4
Non-governmental	0	100	100	100	0	0	3	3
<b>Tier</b>								
Advanced	100	100	100	100	0	0	1	2
Basic	20	80	60	60	0	20	5	5
<b>Total</b>	<b>33</b>	<b>83</b>	<b>67</b>	<b>67</b>	<b>0</b>	<b>17</b>	<b>6</b>	<b>7</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.

**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, St Kitts 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	
			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	50	2	100	100	100	100	100	100	0	0	1	2
Health Center	91	11	60	0	40	100	100	0	0	0	10	10
Laboratory	0	1	na	na	na	na	na	na	na	na	0	0
Other	67	3	50	50	50	100	100	0	0	0	2	2
<b>Authority</b>												
Government	85	13	64	9	46	100	100	9	0	0	11	12
Non-governmental	50	4	50	50	50	100	100	0	50	0	2	2
<b>Tier</b>												
Advanced	33	3	100	100	100	100	100	100	0	0	1	2
Basic	86	14	58	8	42	100	100	0	8	0	12	12
<b>Total</b>	<b>76</b>	<b>17</b>	<b>62</b>	<b>15</b>	<b>46</b>	<b>100</b>	<b>100</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>13</b>	<b>14</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.

**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, St Kitts 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
			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		
<b>Facility Type</b>									
Hospital	50	2	0	0	0	0	0	2	
Health Center	91	11	30	30	30	10	10	10	
Laboratory	0	1	na	na	na	na	na	0	
Other	67	3	0	0	0	0	0	2	
<b>Authority</b>									
Government	85	13	27	27	27	9	9	12	
Non-governmental	50	4	0	0	0	0	0	2	
<b>Tier</b>									
Advanced	33	3	0	0	0	0	0	2	
Basic	85	14	25	25	25	8	8	12	
<b>Total</b>	<b>76</b>	<b>17</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>8</b>	<b>8</b>	<b>13</b>	<b>14</b>

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

**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, St Kitts 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
			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	2	na	na	na	0	0
Health Center	0	11	na	na	na	0	0
Laboratory	0	1	na	na	na	0	0
Other	33	3	0	0	0	1	1
<b>Authority</b>							
Government	0	13	na	na	na	0	0
Non-governmental	25	4	0	0	0	1	1
<b>Tier</b>							
Advanced	0	3	na	na	na	0	0
Basic	7	14	0	0	0	1	1
<b>Total</b>	<b>6</b>	<b>17</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).

**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, St Kitts SPA 2006.

Background characteristic	Percentage with indicated TB activities			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
	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>		
<b>Facility Type</b>									
Hospital	100	100	100	0	50	50	0	2	2
Health Center	55	55	55	17	83	17	0	6	6
Laboratory	0	0	0	na	na	na	na	0	0
Other	67	0	0	na	na	na	na	0	0
<b>Authority</b>									
Government	62	62	62	13	75	25	0	8	8
Non-governmental	50	0	0	na	na	na	na	0	0
<b>Tier</b>									
Advanced	67	67	67	0	50	50	0	2	2
Basic	57	43	43	17	83	17	0	6	6
<b>Total</b>	<b>59</b>	<b>47</b>	<b>47</b>	<b>13</b>	<b>75</b>	<b>25</b>	<b>0</b>	<b>8</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>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.

**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, St Kitts 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
	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	100	0	50	0	50	50	0	2	5
Health Center	100	0	0	17	83	17	0	6	6
Laboratory	na	na	na	na	na	na	na	0	0
Other	0	50	0	0	0	0	0	2	2
<b>Authority</b>									
Government	100	0	13	13	75	25	0	8	11
Non-governmental	0	50	0	0	0	0	0	2	2
<b>Tier</b>									
Advanced	100	0	50	0	50	50	0	2	5
Basic	75	13	0	13	63	13	0	8	8
<b>Total</b>	<b>80</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>60</b>	<b>20</b>	<b>0</b>	<b>10</b>	<b>13</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.

Table 5.1b CSPA 2006

**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, St Kitts 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 sputum test for TB	Observed record of sputum test results	All items for indicator <sup>3</sup>				
<b>Facility Type</b>											
Hospital	100	100	100	2	50	0	0	2	50	2	2
Health Center	55	55	55	11	0	0	0	6	0	6	6
Laboratory	0	0	0	1	na	na	na	0	na	0	0
Other	67	33	33	3	0	0	0	1	0	1	1
<b>Authority</b>											
Government	62	62	62	13	13	0	0	8	13	8	8
Non-governmental	50	25	25	4	0	0	0	1	0	1	1
<b>Tier</b>											
Advanced	67	67	67	3	50	0	0	2	50	2	2
Basic	57	50	50	14	0	0	0	7	0	7	7
<b>Total</b>	<b>59</b>	<b>53</b>	<b>53</b>	<b>17</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>11</b>	<b>9</b>	<b>9</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.

**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, St Kitts 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
			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	50	2	0	100	0	1	
Health Center	0	11	na	na	na	0	
Laboratory	0	1	na	na	na	0	
Other	33	3	100	0	0	1	
<b>Authority</b>							
Government	8	13	0	100	0	1	
Non-governmental	25	4	100	0	0	1	
<b>Tier</b>							
Advanced	33	3	0	100	0	1	
Basic	7	14	100	0	0	1	
<b>Total</b>	<b>12</b>	<b>17</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>2</b>	

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

**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, St Kitts 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
			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	2	50	100	100	2	7	
Health Center	100	11	46	9	100	11	12	
Laboratory	0	1	na	na	na	0	0	
Other	100	3	33	0	100	3	3	
<b>Authority</b>								
Government	100	13	46	23	100	13	19	
Non-governmental	75	4	33	0	100	3	3	
<b>Tier</b>								
Advanced	67	3	50	100	100	2	7	
Basic	100	14	43	7	100	14	15	
<b>Total</b>	<b>94</b>	<b>17</b>	<b>44</b>	<b>19</b>	<b>100</b>	<b>16</b>	<b>22</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, doxycillin, 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.

**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, St Kitts 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>				
Hospital	50	50	0	2
Health Center	27	27	0	11
Laboratory	0	0	0	1
Other	33	0	0	3
<b>Authority</b>				
Government	31	31	0	13
Non-governmental	25	0	0	4
<b>Tier</b>				
Advanced	33	33	0	3
Basic	29	21	0	14
<b>Total</b>	<b>29</b>	<b>24</b>	<b>0</b>	<b>17</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).



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

**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 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="font-size: 8px;">COUNTRY</td> <td colspan="4" style="font-size: 8px;">FACILITY</td> </tr> </table>	0								COUNTRY				FACILITY			
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013 LATITUDE	DEGREES/DECIM b <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table> c <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>																
014 LONGITUDE	DEGREES/DECIM b <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table> c <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>																

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

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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)             | <b>15=</b> Emergency/Casualty   | (SPECIFY)  |
| <b>07=</b> VCT or C (may be stand alone) | <b>16=</b> Social Services Department/ home-based care/community services (not HIV/AIDS specific) |  |
| <b>08=</b> PMTCT                         |   |  |

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

### STAFF LISTING FORM

 INTERVIEWER CODE  

 FACILITY CODE      

COUNTRY      DISTRICT      FACILITY

CLINIC/ UNIT NUMBER		PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS								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	LAB	TB
ENTER NUMBER																
				01												
				02												
				03												
				04												
				05												
				06												
				07												
				08												
				09												
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				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

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FACILITY CODE

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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  ENTER NUMBER	COUNSEL	HIV TEST PRESCRIBE DRAW BLOOD OR DO TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV					YES		
line	unit															
			26													
			27													
			28													
			29													
			30													
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			49													
			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)**







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	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).  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.	TOTAL ASSIGNED CLINICAL/CLIENT SERVICE STAFF	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																						
105	In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services?  This might include seconded staff from other organizations or volunteers.	YES ..... 1 NO ..... 2			→ 108																																				
106	Please tell me the number of staff of each of the qualifications I will mention that are seconded to this facility, both the number providing HIV/AIDS related services and the number providing other services.	<table border="1"> <thead> <tr> <th></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"/>	
	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"/>																																							
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS	<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)	TOTAL FOREIGN SERVICE PROVIDERS	<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 FACILITY ..... 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	
		142			
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	
		143			
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	<p><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></p> <table border="1" data-bbox="168 243 1500 1192"> <thead> <tr> <th data-bbox="168 243 565 380" rowspan="2">ITEM</th> <th colspan="4" data-bbox="565 243 1195 302">(a) ITEM AVAILABLE</th> <th colspan="3" data-bbox="1195 243 1500 302">(b) FUNCTIONING</th> </tr> <tr> <th data-bbox="565 302 776 380">OBSERVED</th> <th data-bbox="776 302 922 380">REPORTED, NOT SEEN</th> <th data-bbox="922 302 1068 380">NOT AVAILABLE</th> <th data-bbox="1068 302 1195 380">DON'T KNOW</th> <th data-bbox="1195 302 1279 380">YES</th> <th data-bbox="1279 302 1364 380">NO</th> <th data-bbox="1364 302 1500 380">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td data-bbox="168 380 565 470">01 Electric autoclave (PRESSURE AND WET HEAT)</td> <td data-bbox="565 380 776 470">1 → b</td> <td data-bbox="776 380 922 470">2 → b</td> <td data-bbox="922 380 1068 470">3 02 ↙ ↘</td> <td 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NO.	QUESTIONS	CODING CATEGORIES	GO TO
147	<p>ASK TO GO TO THE MAIN LOCATION AT THE FACILITY FOR DISPOSAL OF HAZARDOUS WASTE.</p> <p>How does this facility finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</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                                (SPECIFY)</p>	
148	<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>	
149	<p>How does this facility finally dispose of needles and other sharps?</p>	<p>SAME SITE AS OTHER WASTE (Q147) 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)</p>	→ 151
150	<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>	



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

Code of Facility:

COUNTRY      DISTRICT      FACILITY

Interviewer Code:

QRE TYPE **B**

**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	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"/>															
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 style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align:center;">YES</th> <th style="width:20%; text-align:center;">NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q204, Q206, OR Q208</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>PMTCT Q214</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>TB Q220 (01, 02 or 03)</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>ART Q224 (07 OR 08)</td> <td style="text-align:center;">1</td> <td style="text-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
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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	<table style="width:100%; border-collapse: collapse;"> <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="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></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 align="center" colspan="2">12 HOUR</td> <td align="center">:</td> <td align="center" colspan="2">CLOCK</td> <td align="center" colspan="2">DATE</td> <td align="center" colspan="2">DAY</td> <td align="center" colspan="2">MONTH</td> <td align="center" colspan="2">YEAR</td> </tr> </table>														12 HOUR		:	CLOCK		DATE		DAY		MONTH		YEAR	
12 HOUR		:	CLOCK		DATE		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 _____ ..... 6 → 231 (SPECIFY) 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 ..... 1	NO ..... 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>	<p>PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A</p> <p>WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B</p> <p>PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C</p> <p>WRITE NOTE/LETTER ON BLANK PAPER ..... D</p> <p>OTHER _____ ..... X (SPECIFY)</p> <p>NONE ..... Y</p>	
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>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>	
236	<p>CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 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>	<p>CLINIC/UNIT REGISTER/RECORDS ..... 1</p> <p>CLINIC/UNIT COMPUTER ..... 2</p> <p>CENTRAL FACILITY REGISTER/RECORD ..... 3</p> <p>CENTRAL FACILITY COMPUTER ..... 4</p> <p>INFORMATION NOT RECORDED ANYWHERE OR ONLY IN INDIVIDUAL CLIENT CHART/RECORD ..... 5</p>	<p>→ 242</p> <p>→ 242</p> <p>→ 242</p>
238	<p>WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?</p>	<p>WITHIN PAST 30 DAYS ..... 1</p> <p>MORE THAN 30 DAYS AGO ..... 2</p> <p>NO DATE RECORDED ..... 3</p> <p>REGISTER NOT SEEN ..... 4</p>	→ 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: 5%; text-align: center;"> </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> <td style="width: 5%; text-align: center;"> </td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS</td> <td>.....</td> <td> </td> <td> </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> <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> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX</td> <td>.....</td> <td> </td> <td> </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> <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> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS)</td> <td>.....</td> <td> </td> <td> </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> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME</td> <td>.....</td> <td> </td> <td> </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> <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> <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; height: 20px;" 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: 80px; height: 20px;" 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	
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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	
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	
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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	→ 260	
		DENTAL	..... 2		
		NONE	..... 3		

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	
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02	AUDITORY PRIVACY	1	2	3	
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04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
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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					
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>	
		:						

**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"/>
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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 \_\_\_\_\_ (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?

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"/> <input type="text"/> <input type="text"/>
		12 HOUR CLOCK	DAY MONTH	YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
303	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.</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 unit for HIV counseling and/or testing</p>			
304	<p>Other than for prevention of mother to child transmission (PMTCT), do providers in this unit <b>ever provide any individual counseling for HIV tests?</b> By this I mean either pre- or post-test counseling?</p>	<p>YES ..... 1            ONLY PROVIDE PRETEST EDUCATION/            GENERAL PREVENTIVE INFORMATION ... 2            COUNSELING ALWAYS BY PROVIDER            FROM OTHER CLINIC/UNIT ..... 3            NO COUNSELING FOR HIV TESTING ..... 4</p>	Q:VCT
305	<p>Other than for prevention of mother to child transmission (PMTCT) do providers in this 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>	→ 307
306	<p>Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed?</p> <p>NOTE: IF BLOOD IS DRAWN IN UNIT (WHETHER SENT TO LAB OR TO OUTSIDE FACILITY), CIRCLE E,F, OR G. 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 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 UNIT STAFF ..... E            BY LAB STAFF OR TECHNICIAN ..... F            BY EXTERNAL VCT/PMTCT STAFF ..... G  <b>CLIENT SENT TO LAB</b>  <b>TESTING OUTSIDE FACILITY:</b>            CLIENT/BLOOD SENT DIRECTLY BY CLINIC/UNIT            TO SITE OUTSIDE THIS <u>FACILITY</u> ..... I            OTHER ..... X            _____            (SPECIFY)</p>	<p>Q:VCT  Q:VCT Q:VCT Q:VCT</p>
306a	<p>CHECK Q306: IS 'I' CIRCLED, INDICATING CLIENT OR BLOOD ARE SENT OUTSIDE FACILITY, BY CLINIC/UNIT?</p>	<p>YES ..... 1            NO ..... 2</p>	→ 307
306b	<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
306c	<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>	
307	<p>Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?</p>	<p>YES ..... 1            NO ..... 2</p>	Q:PMTCT
308	QUESTION DELETED		

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="2" style="text-align: center;">SELECTIVELY</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 colspan="2" 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		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	NO SERVICE NO REFERRAL
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INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY																				
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6																
02	Preventive treatment for TB (INH)	1	2	3	4	5	6																
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia	1	2	3	4	5	6																
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6																
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	6																
06	Condom distribution for preventing further transmission of HIV/AIDS	1	2	3	4	5	6																
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 REFFERAL 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%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS .....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03</td> <td>KAPOSII'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 CARNII 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 style="width: 10%;">NUMBER OF ADMISSIONS OR DISCHARGES .....</td> <td></td> <td></td> <td></td> </tr> </table>	01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....					02	TOXOPLASMOSIS .....					03	KAPOSII'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.	<p>NUMBER OF FULL MONTHS OF DATA .....</p> <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> </tr> </table> <p>DON'T KNOW ..... 98</p>																																																																									
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	<p>TOTAL NUMBER OF PATIENTS</p> <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: 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?	<p>YES, FOR ALL CLIENTS ..... 1</p> <p>YES, FOR CONFIRMED HIV/AIDS ONLY .. 2</p> <p>NO ..... 3</p>	→ 340																																																																								
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	<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</p> <p>EVERY 6 MONTHS/NO FIXED TIME .... 4</p> <p>NEVER ..... 5</p>	→ 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		→ 356
		NO .....	2		
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					
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; height: 20px; 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"/> <small>12 HOUR CLOCK</small>	DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>DAY MONTH YEAR</small>
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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
		1	2 → 418	3 → 418	4 → 418
416	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS .....			<input type="text"/> <input type="text"/> <input type="text"/>
417	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA .....			<input type="text"/> <input type="text"/>
418	How frequently are reports on HIV/AIDS services or patients submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/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>	
<b>422-423 QUESTIONS DELETED</b>			
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																																																																																		
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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?</p> <p>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
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; margin: 10px 0;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> </div> 12 HOUR CLOCK						
<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

Interviewer Code:

LINE AND CLINIC/UNIT NUMBER

QRE TYPE  F

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
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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"/>	
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**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"/>	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.	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	Norfloxacin		2 → 51b	3 52 ↙	4 52 ↙	1	2
52	Nystatin oral/suspension		2 → 52b	3 53 ↙	4 53 ↙	1	2
53	Nystatin vaginal tablets		2 → 53b	3 54 ↙	4 54 ↙	1	2
54	Oral rehydration salts (ORS)		2 → 54b	3 55 ↙	4 55 ↙	1	2
55	Penicillin, Benzathine injectable	1 → 55b	2 → 55b	3 56 ↙	4 56 ↙	1	2
56	Penicillin Benzyl injectable	1 → 56b	2 → 56b	3 57 ↙	4 57 ↙	1	2
57	Penicillin, procaine, injectable	1 → 57b	2 → 57b	3 58 ↙	4 58 ↙	1	2
58	Phenobarbital/phenobarbitol		2 → 58b	3 59 ↙	4 59 ↙	1	2
59	Prednisolone (or other steroid) IF OTHER, SPECIFY _____		2 → 59b	3 60 ↙	4 60 ↙	1	2
60	Slucycytosine		2 → 60b	3 61 ↙	4 61 ↙	1	2
61	Sulfadiazine		2 → 61b	3 62 ↙	4 62 ↙	1	2
62	Tetracycline		2 → 62b	3 63 ↙	4 63 ↙	1	2
63	Tinidazole		2 → 63b	3 64 ↙	4 64 ↙	1	2
64	Valacyclovir		2 → 64b	3 65 ↙	4 65 ↙	1	2
65	Vincristine injectable		2 → 65b	3 66 ↙	4 66 ↙	1	2

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														
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="672 928 1224 982" 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 1448 928">NO</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="1230 928 1448 982"></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> </table> <p style="text-align: center;">12 HOUR CLOCK</p>							.							
		.														
<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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
732	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
733	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit) tested for HIV in this unit or referred somewhere else for testing or counseling about HIV/AIDS? PROBE FOR WHETHER ROUTINE OR SUSPECT CASES	YES, ROUTINELY, TESTED IN UNIT ..... 1 YES, SUSPECT ONLY, IN UNIT ..... 2 YES, ROUTINELY REFERRED ..... 3 YES, SUSPECT ONLY, REFERRED ..... 4 NO ..... 5 DON'T KNOW ..... 8	→ 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"/>	→ 817
		NUMBER OF SESSIONS		<input type="text"/>	
		NO . . . . .	995		
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		→ 822
		NO . . . . .	2		
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 NO, CLIENT SENT TO LAB IN FACILITY... 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB..... 4 NO, CLIENT SENT TO EXTERNAL UNAFFILIATED LAB..... 5 OTHER _____ 6 (SPECIFY)			→ 833 → 833 → 833 → 833
831	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT 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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<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>																					
842	RECORD THE TIME AT END OF INTERVIEW <div style="text-align: center;"> <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/>            12 HOUR CLOCK         </div>																				
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.																					



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/ddI ..... 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 ADHER-ENCE</th> <th>CD4+ COUNT</th> <th>HIV VIRAL LOAD</th> <th>COMMITTEE</th> <th>DOCTOR OPINION</th> </tr> </thead> </table>									ELIGIBILITY CRITERIA							NOT APPLIC	CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHER-ENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTEE	DOCTOR OPINION	
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01	WHO stage 1 - No symptoms of illness		A → 02	B → 02	C	D	E	F	G																	
02	WHO stage 1 - No symptoms and pregnant	Y	A → 03	B → 03	C	D	E	F	G																	
03	WHO stage 2 - Symptomatic		A → 04	B → 04	C	D	E	F	G																	
04	WHO stage 2 - Symptomatic and pregnant	Y	A → 05	B → 05	C	D	E	F	G																	
05	WHO stage 3 - Symptomatic		A → 06	B → 06	C	D	E	F	G																	
06	WHO stage 3 - Symptomatic and pregnant	Y	A → 07	B → 07	C	D	E	F	G																	
07	WHO stage 4 - Symptomatic		A → 08	B → 08	C	D	E	F	G																	
08	WHO stage 4 - Symptomatic and pregnant	Y	A → 09	B → 09	C	D	E	F	G																	
09	Current active life-threatening OI disease (e.g., TB, meningitis)		A → 10	B → 10	C	D	E	F	G																	
10	Newborn of HIV infected mother		A → 913	B → 913	C	D	E	F	G																	
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</p> <p>PROOF OF CAPACITY TO ATTEND</p> <p>CLINIC REGULARLY . . . . . B</p> <p>DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) . . . . . C</p> <p>NO ART IF SOCIAL PROBLEM</p> <p>ALCOHOLIC . . . . . D</p> <p>DRUG ADDICTION . . . . . E</p> <p>MENTAL ILLNESS . . . . . F</p> <p>HOMELESS . . . . . G</p> <p>ABILITY TO PAY . . . . . H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>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</p> <p>Required pre-ART clinic visits made on time . . . . . B</p> <p>Treatment assistant identified . . . . . C</p> <p>Pill trial (e.g. with placebos) . . . . . D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>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>	ALWAYS	SOMETIMES	NEVER	DON'T KNOW																																																																																	
01	Pre-treatment medication counseling	1	2	3	8																																																																																	
02	Follow-up counseling to discuss adherence to ART medicines	1	2	3	8																																																																																	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others	1	2	3	8																																																																																	
924	<p>IF ANY ITEM IN Q923 IS CODED '1' OR '2', ASK: Who provides the counseling for ART medicines?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>IF NONE OF THE RESPONSES IN Q923 ARE CODED '1' OR '2', CIRCLE 'Y', "NO COUNSELING".</p>	PRESCRIBING PROVIDER . . . . . A NURSE . . . . . B COUNSELOR . . . . . C PHARMACIST . . . . . D CLINICAL PSYCHOLOGIST . . . . . E OTHER _____ X (SPECIFY) NO COUNSELING . . . . . Y				→ 928																																																																																
925	In total, how many different people provide this counseling?	NUMBER OF PEOPLE DON'T KNOW <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> 98																																																																																				
926	Have all of the people you just mentioned, who provide counseling for ART, been trained in counseling for adherence to ART?	YES, ALL . . . . . 1 YES, SOME . . . . . 2 NONE . . . . . 3 DON'T KNOW . . . . . 8				→ 928 → 928																																																																																
927	How many counselors attended any CHART or Johns Hopkins training on adherence counseling?	NUMBER TRAINED BY CHART/JH <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> DON'T KNOW . . . . . 98																																																																																				
928	Are there any fees charged to the client for any services or items related to ART?	YES . . . . . 1 NO . . . . . 2				→ 930																																																																																

NO.	QUESTIONS	CODING CATEGORIES			GO TO
929	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	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:**            
 COUNTRY DISTRICT FACILITY

QRE   
 TYPE

**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
------	---	--------------------------	-------

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></th> <th>OBSERVED</th> <th>REPORTED, NOT SEEN</th> <th>NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>01 PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)</td> <td>1 → 04</td> <td>2</td> <td>3</td> </tr> <tr> <td>02 AUDITORY PRIVACY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03 VISUAL PRIVACY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04 RUNNING WATER</td> <td>1 → 06</td> <td>2</td> <td>3</td> </tr> <tr> <td>05 WATER IN BUCKET OR BASIN (WITHOUT TAP)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>06 SOAP</td> <td>1 → 08</td> <td>2</td> <td>3</td> </tr> <tr> <td>07 HAND SANITIZER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>08 SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>09 SHARPS CONTAINER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>10 DISPOSABLE LATEX GLOVES</td> <td>1 → 12</td> <td>2</td> <td>3</td> </tr> <tr> <td>11 DISPOSABLE NON-LATEX GLOVES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>12 CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>13 CHLORINE BASED DECONTAMINANT- NOT MIXED</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>14 CONDOMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>15 RAPID TEST FOR HIV</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>16 DISPOSABLE NEEDLES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>17 DISPOSABLE SYRINGES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>18 MASKS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>19 GOGGLES / GLASSES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		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 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	
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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 TENOFIVIR 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) RECORD/REGISTER			(b) 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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					



**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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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 MOH OTHER OTHER DON'T KNOW	A B X Y 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 MOH OTHER OTHER DON'T KNOW	A B X Y Z
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	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 → 04	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y 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 MOH OTHER OTHER DON'T KNOW	A B X Y 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 MOH OTHER OTHER DON'T KNOW	A B X Y 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
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	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?  CIRCLE ONLY THREE ITEMS.  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.	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="532 940 768 999" 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							



