

Saint Kitts and Nevis

Nevis

Caribbean Region

HIV and AIDS Service Provision

Assessment Survey 2006

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

MEASURE Evaluation

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USAID
FROM THE AMERICAN PEOPLE



NEVIS
CARIBBEAN REGION
HIV AND AIDS
SERVICE PROVISION ASSESSMENT SURVEY 2005

U.S. Agency for International Development (USAID)
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MEASURE Evaluation

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ABBREVIATIONS AND ACRONYMS

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

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 therapy (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 Nevis 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 Nevis, 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 toward people living with HIV and AIDS (PLHIV) and for patient movement within the region. The Nevis 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 Nevis, the sample represents a census of seven public facilities, 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—

- ▶ Four of the 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).
- ▶ The one facility that provide antiretroviral therapy (ART) 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 three years.
- ▶ Forty-seven percent of the public health workers surveyed had a positive attitude toward PLHIV.
- ▶ There was evidence that foreign nationals were seeking PMTCT services in Nevis.

HIV testing system¹—

- ▶ All seven of the public facilities surveyed have an HIV testing system.
- ▶ All public facilities with an HIV testing system provide sexually transmitted infection (STI) and tuberculosis (TB) diagnostic or treatment services.
- ▶ Among facilities with HIV testing systems, 14 percent met the strict definition of having all items present for a complete system for pre- and post-test counseling.
- ▶ Four of the facilities with an HIV testing system have youth-friendly HIV testing services and have 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—

- ▶ Seventy-one percent of the public facilities had at least half of the interviewed providers of TB, malaria, or STI services who were personally supervised at least once during the past three months.
- ▶ All seven facilities offer TB services and all of them report that they follow the Direct Observed Treatment Short-course Strategy (DOTS), but only 29 percent had an observed TB treatment protocol at all service sites, and only 14 percent had all first-line TB medicines available.
- ▶ All of the facilities had running water, soap, and latex gloves in all service sites for control of nosocomial infections and functioning equipment for sterilization or high-level disinfection processing in the facility.
- ▶ The single facility offering care or support services offers treatment for opportunistic infections as well as palliative care for HIV and AIDS clients.

Availability of advanced-level care and support services—

- ▶ The public facilities offering ART all had guidelines or protocols for treating OIs, symptomatic or palliative care, care of adults living with HIV and AIDS, and national ART guidelines.

¹A 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.

- ▶ Among public facilities offering ART services, all had at least one antiretroviral medicine (ARV) available and a 100-percent capacity for monitoring ART, and no ARV stock-outs were experienced in the past six months.
- ▶ All seven facilities reported offering or referring staff for PEP, but no ARVs for PEP were observed at any of these facilities; staff are referred to one central location for treatment, if necessary.
- ▶ The capacity to carry out laboratory tests seems to be a reasonable level.
- ▶ None of the seven facilities with an HIV testing system had youth-friendly HIV testing services.
- ▶ The record-keeping system for client appointments was inconsistent
- ▶ The capacity to scale up ART and improve record-keeping systems exists.
- ▶ The one facility offering care and support services had documents with referral sites for home-based care, links with community-based health workers for ART, a policy for home-based care, and at least one trained provider of home-based care.

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

1.1 BACKGROUND

Located in the Caribbean Sea, the island nation 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 1.5 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: Christ Church Nichola Town, Saint Anne Sandy Point, Saint George Basseterre, Saint George Gingerland, Saint James Windward, Saint John Capesterre, Saint John Figtree, Saint Mary Cayon, Saint Paul Capesterre, Saint Paul Charlestown, Saint Peter Basseterre, Saint Thomas Lowland, Saint Thomas Middle Island, and Trinity Palmetto Point. 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 1997 unemployment rate was 4.5 percent. The total fertility rate for the nation is 2.31 children born/woman (2006). The 2006 estimated population growth rate was 0.5 percent and the net migration rate was -4.7 migrants/1,000 population.²

1.2 HIV AND AIDS IN THE CARIBBEAN

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

AIDS is now the leading cause of death among 15 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 toward 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 some groups and subgroups are more vulnerable groups to HIV and AIDS; they 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 (STI). Intravenous drug users are also a risk group in the Caribbean. However, this population seems to be concentrated on certain islands.

² Central Intelligence Agency (CIA). 2005. CIA World Factbook. Washington DC: Central Intelligence Agency. Available at <http://www.cia.gov/cia/publications/factbook/geos/do.html>.



Seventy-nine percent of PLHIV in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the “epicenter of the epidemic in the Caribbean region and the Western Hemisphere.”³

1.3 HIV AND AIDS IN SAINT KITTS AND NEVIS

During 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 5, whose mother was HIV-positive, died.⁴ As reported by CAREC, during the period 1984–1993, there were 36 deaths due to AIDS and 33 reported for 1994–2002.⁵

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 20.6 The population of Saint Kitts and Nevis is roughly evenly split between males and females. Life expectancy for females (75.42 years) is greater than that of males (69.56 years).⁷ There were 4,275 live births from the years 1996 to 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 to 49 was 2.6 children/woman. In 1996, the leading causes of death for adults were malignant neoplasms, myocardial infarction, accidents/injuries, and cerebrovascular accidents.⁸ The 2004 adult mortality rate per 12,000 was 197/145 (m/f).⁹

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 includes 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

³ Caribbean Epidemiology Centre (CAREC). 2004. Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002. Port of Spain, Trinidad: Caribbean Epidemiology Centre.

⁴ 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.

⁵ 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>.

⁶ Ibid.

⁷ CIA, 2005.

⁸ PAHO. 2001. Basic Country Health Profile for the Americas: Saint Kitts and Nevis.

⁹ World Health Organization (WHO). Saint Kitts and Nevis. Available at <http://www.who.int/countries/kna/en>

support from the other areas of Government, to facilitate multisectoral analysis of problems.¹⁰

1.6 FUNDING OF THE HEALTH SECTOR

In addition to free health services offered at community health clinics in Nevis, hospital-based services are offered at no cost to persons between the ages of 0 and 18 and persons over 62. Persons 19 to 61 pay a minimal contributory cost for hospital-based services. 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 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 gross domestic product (GDP) in 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 670.¹¹

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 the Pan-American Health Organization (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.¹²

1.8 GENERAL ORGANIZATION OF THE PUBLIC HEALTH SECTOR

The MOH outlines the structure and administration of health services. The Minister of Health has responsibilities to the 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 a

¹⁰ Ibid.

¹¹ World Health Organization. Core Health Indicators. Available at http://www.who.int/whosis/database/core/core_select_process.cfm?countries=all&indicators=nha (accessed November 15, 2006).

¹² 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>.



Chief Secretary who directs the administration of the local health services. For all practical purposes, there are two independent systems.¹³

There are four 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 two small rural hospitals—Pogson and Mary Charles. In addition, there are the Cardin Home (50 beds) for infirmed and geriatric persons and the 38-bed Flamboyant Nursing Home in Nevis which caters to the needs of the aged. 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; 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 diseases. This unit functions within the community-based health services and places great emphasis on family and environmental health.¹⁴

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. Private practitioners are sought by some for more holistic and natural forms of medicine. A number of physicians have grouped themselves to provide a number of specialist services. There are no private hospitals in Saint Kitts and Nevis, but there are two private nursing homes.¹⁵

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 workers 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.¹⁶

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

¹³ Ibid.

¹⁴ 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

¹⁵ Ibid.

¹⁶ PAHO. 2001. St. Kitts and Nevis: Health for all by the year 2000.

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.¹⁷

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.¹⁸

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 five key priority areas: (1) prevention; (2) care, treatment, and support; (3) advocacy; (4) research, surveillance, and epidemiology; and (5) program coordination and management.

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 (NACHA) now heads the program and has representation from several important ministries, civilians, and PLHIV. Other areas being addressed are support and legislation for civil rights of PLHIV, policy recommendations, and local prevention and control of the HIV and AIDS epidemic. Currently, a monitoring and evaluation framework is being developed.¹⁹

From 2003 to 2005, the MOH launched a health education intervention entitled “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 depends on the teacher. The MOH has also launched education programs targeting employees at their places of business.²⁰

Began as a pilot program at chosen facilities in 2003, voluntary counseling and testing (VCT) for HIV occurs at 21 sites and is provided by 59 counselors. VCT services are quite low, accounting for only 27.7 percent of all tests at one facility.²¹

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

CHAPTER 2: SURVEY METHODOLOGY

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 to 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-infected persons are multidimensional and include both clinical and community-based services. In the Eastern Caribbean region, there is a need for facility-level information regarding HIV and AIDS clinic-based services. With the recent investment of international assistance in AIDS care and support, filling the gaps in knowledge about clinical services and HIV testing will help facilitate the successful scaling up of services, including the U.S. Agency for International Development's (USAID's) 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. Phase II of the project was supervised by the Department of Public Health and Preventive Medicine at Saint George's University, Grenada, and included the remaining countries: Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Suriname, and Trinidad and Tobago.

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/World Health Organization (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.

2.1 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

The Nevis HSPA was commissioned by the USAID Caribbean Regional Office/Barbados as part of the Caribbean Regional HSPA, with technical assistance from Macro International Inc. under the MEASURE Evaluation. St. George's University was contracted to supervise the data collection, analysis and report writing aspects of the survey.

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 the following estimates of indicators for the CIMT, which include 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: VCT, PMTCT, ART, post-exposure prophylaxis (PEP), basic- and advanced-level clinical services for HIV and AIDS (inpatient and outpatient), TB, STIs, and malaria. For each type of service, information is collected on the availability of systems, resources, and infrastructure to support quality services. A review is made of systems, guidelines, referrals, service records, individual client records, staff supervision, resources, laboratory diagnostics, equipment, pharmaceuticals and supplies, staff training, and infrastructure.

2.3.2 METHODS 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 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 comprises 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.

Personnel from the Ministry of Health (MOH) and the National AIDS Program (NAP) were trained and deployed to collect the data.

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, then 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 NAP coordinator. The list provided revealed a total of ten facilities, seven of which are public and three of which 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 TB care to HIV-positive individuals. Both types of facilities were included in the sample. Because of the small number of facilities in Nevis, 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: Percent distribution of facilities and number of facilities (weighted and unweighted) by facility type, managing authority, and tier, HSPA Nevis 2006

Background characteristic	Percent distribution of facilities	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	10	1	1
Health Center	60	6	6
Lab	10	1	1
Other+	20	2	2
Managing authority			
Government	70	7	7
Non-governmental	30	3	3
Tier			
Advanced	20	2	2
Basic	80	8	8
Total	100	10	10
+ 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). 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 health care providers and social scientists that were experienced in HIV and AIDS services and knowledgeable about survey implementation and interviewing. A two week training for survey staff was held at St. George's University, Grenada, by MEASURE Evaluation staff. It included practical experiences and role-play in completing all questionnaires in health facilities of different types. Twenty-three participants from five countries (Saint Kitts and Nevis, Grenada, Trinidad and Tobago, Antigua and Barbuda, and Suriname) attended the session.

2.5.2 DATA COLLECTION INSTRUMENTS

Data were collected using structured printed instruments. These instruments were from the HSPA questionnaires developed by the MEASURE DHS+ project and were adapted slightly after consulting with technical specialists from the MOH, USAID, and NGOs knowledgeable about the health services and service program priorities covered by the HSPA. A training manual was developed and distributed to all data collectors to support standardized data collection.

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

2.5.3 DATA COLLECTION METHODS

The survey was conducted between December 2005 and May 2006. Data collection consisted of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma, and Global Positioning System (GPS) readings of the geographic coordinates of each facility. Although some facility surveys included observation of providers to assess the quality of care provided and interview of patients upon exiting the service, these are not a part of the HSPA.

Each team received a list of facilities to be visited. Data collection took one day in most facilities, with two days being allocated to hospitals, if required. In addition, if one of the observed services (e.g., VCT or PMTCT) 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, 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 providers. Data collection teams were supervised throughout the field activities by quality assurance specialist 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 CSPro using double data entry to ensure accurate keying of results. That is, 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/University of North Carolina staff completed the data analysis using STATA[®]. The final dataset and the original questionnaires were sent to MEASURE Evaluation/University of North Carolina.

The country report was written by St. George's University and MEASURE Evaluation/Macro International Inc. technical staff and were vetted and revised with input from country representatives and stakeholders.

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). Recordkeeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are, and the existence of records in that site is verified, this confirms 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 search for guidelines to remind them of information when providing services to a client. Thus,



some items, such as those for infection control and guidelines and protocols, need to be in the vicinity of each relevant service delivery area. The analyses of the quality of HIV and AIDS and related services for this survey follow the general conventions when determining 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 in the facility 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 (PEPFAR) Initiative by an international technical working group, comprising representatives from 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 were 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 fieldwork (for facilities included in the survey). Maps of the facilities are included in the report.

CHAPTER 3: CAPACITY TO PROVIDE SERVICES FOR HIV AND AIDS

3.1 OVERVIEW

The response to HIV and AIDS has been driven predominantly by the Ministry of Health (MOH). 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. The MOH remains the key implementer of activities.²²

The 2005 attempt to restructure the national program and introduce 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.²³

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

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

²² United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2006. Country Report: St. Christopher and Nevis.

²³ Ibid.



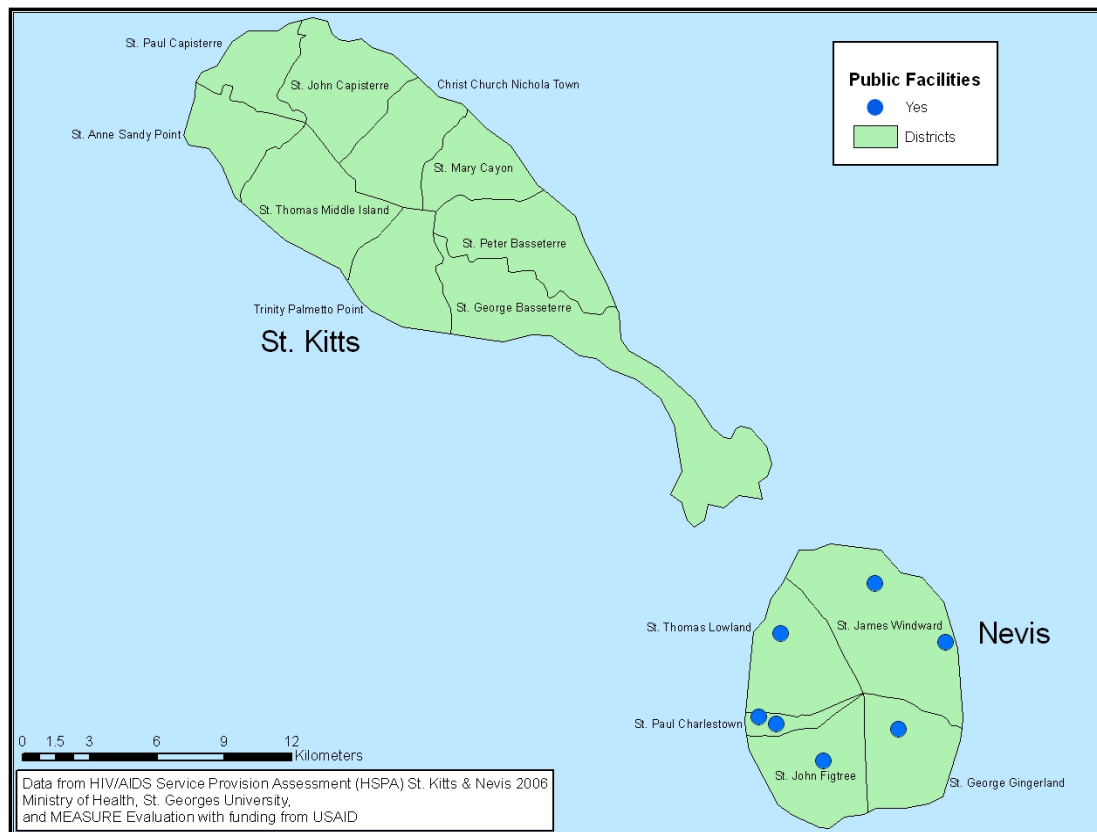
2. Capacity to provide advanced-level services for HIV and AIDS
 - 2.1 Systems and items to support the management of opportunistic infections (OIs) and the provision of palliative care for the advanced care of PLWHA
 - 2.2 Systems and items to support advanced services for the care of people living with HIV and AIDS
 - 2.3 Systems and items to support antiretroviral combination therapy
 - 2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS
 - 2.5 Conditions to support home care services
 - 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 (YFS) (additional indicator).

The indicators and components that were collected through a sample of health facilities are reported below. The emphasis was on public facilities, although the inventory also included a sampling of private facilities where HIV testing and/or care services are provided. 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.

3.2 AVAILABILITY OF PROVIDERS AND SERVICES

The HSPA assessed the availability of HIV- and AIDS-related services in Nevis. As shown in Figures 3.2., the survey included 7 public facilities in Nevis where 17 public providers were interviewed.

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



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

- ▶ **Voluntary counseling and testing (VCT).** The survey defines a facility as offering counseling and testing if clients are offered the HIV test, and then either 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 OIs, including treatment for illnesses commonly associated with or worsened by HIV infection, such as TB, STIs, and malaria. Other CSS may include palliative care and socioeconomic 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 medicines (ARV) for treatment of the HIV-infected person. (Advanced-Level)
- ▶ **Post-exposure prophylaxis (PEP).** This refers to provision of ARV 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 toward people living with HIV (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 and level of service providers

In Nevis, the HSPA interviewed 17 service providers from the 7 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 Nevis.

Of the 7 public facilities surveyed, all had an HIV testing system (Figure 3.2.1a) in place with four having at least one counselor trained in pre- and post-test counseling by the Caribbean HIV/AIDS Regional Training Initiative (CHART)/Johns Hopkins University (JHU) (Table 3.2.1a). 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.

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

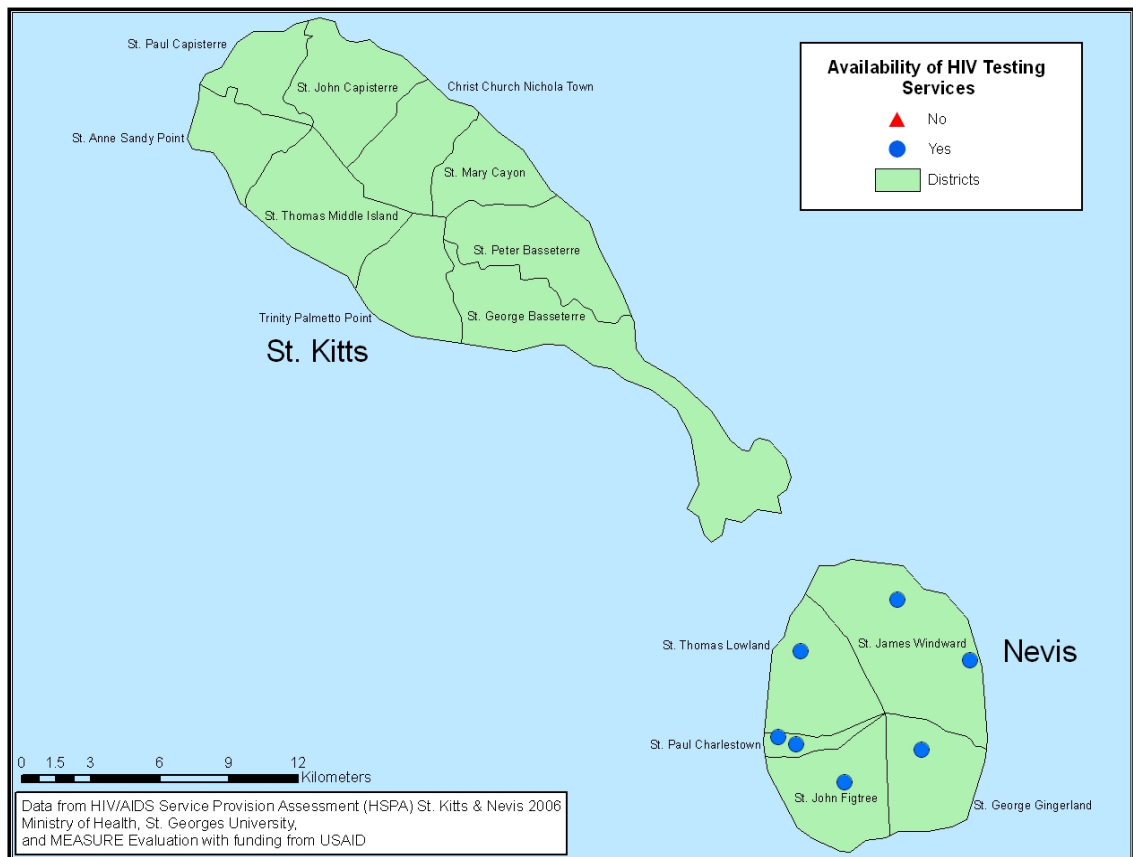




Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV testing system¹ (VCT), and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Nevis 2006

Number of facilities sampled ²	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
7	7	4

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

² Includes only public facilities.

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

Two types of interviews were used to report on training of providers. Table 3.2.1b is based on the facility inventory where the person in charge of a facility was queried about the level of training of staff. Tables 3.2.1c is based on the responses from the health workers interviewed about the training they received.

Only one of the 7 public facilities surveyed in Nevis reported that it provides ART²⁴. It is likely that it is the same facility reporting having a Director ART services trained by CHART/JHU (Table 3.2.1b). Capacity in ART service provision is likely challenged by the limited number of staff, or it may be found that the number of staff is adequate given the number of PLHIV; hence, the service does not require scale-up at this stage. Nevertheless, capacity building must go hand-in-hand with scaling up programs, resources, and staffing. This should be kept in mind for the future.

Table 3.2.1b: ART provision by public facilities, number of public facilities with a director of ART services, and number of public facilities that report a director of ART services trained by CHART, HSPA Nevis, 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
7	1	1	1

From the health worker interview, the one facility offering ART services (of which nine staff were interviewed) reported providing counseling in ART medicines, but in the areas of adherence counseling for 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). There may be a need to scale-up the training for staff working in this area to ensure that they are up-to-date in ART service provision.

²⁴ For the purposes of this assessment, ART is defined as: prescribing ART; medical follow-up for ART clients; or ordering/prescribing lab tests to monitor ART.

Table 3.2.1c: Number of providers surveyed in facilities offering ART who reported receiving training from CHART in ART-related services as reported by providers interviewed. I HSPA Nevis 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
9	1	0	NA	0	NA	0	NA	1	0	NA

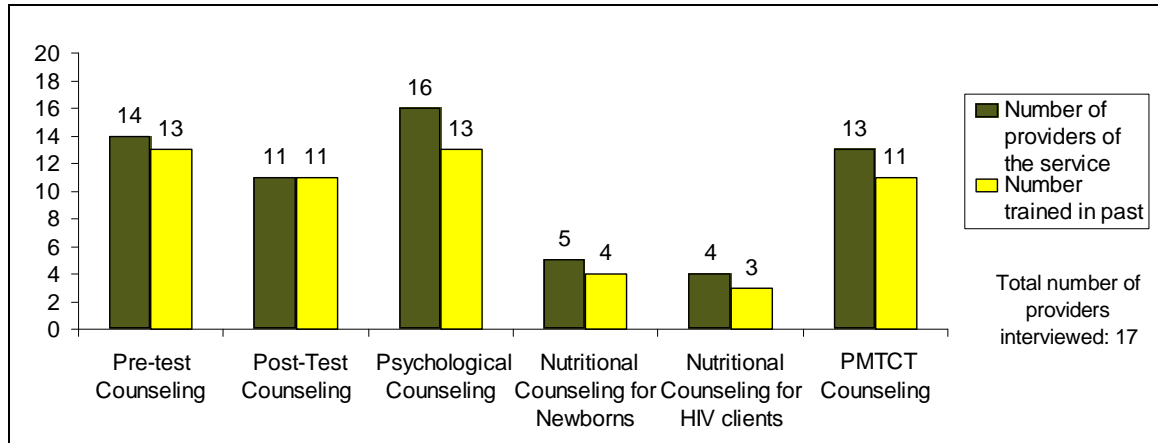
¹Results reported at provider level for public facilities only. Provider is considered to be a trained provider of service if training occurred within the last year.

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

An assessment of this indicator has focused on basic HIV- and AIDS-related services (note that more details on basic services are reported under Section 3.3, and advanced services are reported in Section 3.4). The HSPA looked at providers of HIV- and AIDS-related services and their specific area of service. It then looked at those who had been trained recently (within the past 3 years). Figure 3.2.1b shows the number of providers of counseling services of the 17 providers surveyed 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 Nevis 2006



From Figure 3.2.1b, it can be seen that almost all of the providers of counseling 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 (16) and most of them (13) were trained in the past 3 years.

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 STIs, malaria, and TB. Although it is a standard disease area assessed in the HSPA, it should be noted that malaria is not a major concern in Nevis. Table 3.2.1d shows the number of providers of STI and malaria diagnosis/treatment and TB services who were trained recently. As expected, since malaria is not a major problem in Nevis, there was no provider who reported having been trained in malaria diagnosis or treatment. About 33 percent of those who provide STI diagnosis/treatment have been trained in the last 3 years. In Nevis, just over 20 percent of the providers of TB services were trained in the last 3 years. Both of these areas could be assessed further in terms of the number of providers trained and the impact of STIs on co-infection rates with HIV and AIDS. 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. 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.²⁵

²⁵ Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Topics in HIV Medicine*, 12(5):144-149.

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

Total number of providers	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services ¹	
	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
17	6	2	0	0	11	2

¹TB services defined as either clinical diagnosis, sputum diagnosis, prescribe treatment, follow-up treatment, or DOTS.

3.2.2 SERVICE PROVIDER STIGMA

Provider stigma can play a major role in the quality of services provided to PLHIV. One study and literature review completed in Barbados found that “generally, health care settings with high levels of fear and discriminatory practices have few measures in place to reduce the risk of occupational exposure as well as no management protocols and policy guidelines for dealing with HIV and AIDS. The survival rate for HIV and AIDS patients is higher among those cared for by practitioners with more experience in HIV and AIDS management. Service providers need to be more aware of how their prejudices affect client’s health-seeking behavior and to develop sensitivity to enable them to effectively work with people with HIV and AIDS.”²⁶

To provide an estimate of proportion of providers of HIV- and AIDS-related services reporting accepting attitudes toward 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 toward PLHIV.

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

²⁶Massiah 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.



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

Four of the six items are related to internationally recognized measures of health worker attitudes toward PLHIV (1 through 4) and one is related to health worker comfort working around PLHIV (6)²⁷ Item 5 was adapted locally to further explore health worker stigma.

In Nevis, of the seven facilities surveyed (17 public providers), 47 percent of providers have a positive attitude 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.²⁸

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

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
17	47

¹Based 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 Caribbean Community and Common Market (CARICOM) Single Market and Economy (CSME) in 1989, whose purpose was 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).²⁹ Table 3.2.3a shows that there is no record of this happening in Nevis. However, Table 3.2.3b shows that all of the facilities surveyed that provide

²⁷The Synergy Project. 2005. *Working Report Measuring HIV Stigma: Results of a field test in Tanzania*. Silver Spring, MD: Social and Scientific Systems, Inc.

²⁸Ibid.

²⁹MEASURE Evaluation. 2005. *The implications of a Caribbean Community (CARICOM) Single Market and Economy (CSME) for population mobility and the spread of HIV*. Calverton, MD: Macro International Inc.

PMTCT services reported having served clients from other countries and that there were five current clients of PMTCT who are from other countries.

Table 3.2.3a: Provision of ART services by public facilities to residents of other countries, HSPA Nevis 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
7	1	0	NA	NA

Table 3.2.3b: Provision of PMTCT services by public facilities to residents of other countries, HSPA Nevis 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
7	7	7	5	NA ¹	8

¹Facilities did not know exact number of clients or refused to answer.

²Countries included clients from: Guyana, St Kitts, Antigua and Barbuda, Tobago, Dominica, Jamaica, the Dominican Republic, and the United States.

Mechanisms to track the movement of PLHIV around the region are not in place, and this makes it difficult to assess the “full picture” of migration for health services. Therefore, it might be an area for further study to assess whether the programs, countries, and region should address it. It has been reported elsewhere that, due to high levels of stigma and discrimination, people often seek services outside their own health districts in order to remain anonymous. It is well known that people travel long distances, even to other countries, for care and treatment of HIV. This underlines the



need not only for urgent measures to reduce stigma, but also the importance of having quality services available throughout the region.^{30, 31}

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 VCT for HIV, 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.

Of the 7 public facilities surveyed in Nevis, all have an HIV testing system, provide STI services, and offer TB diagnostic or treatment services. No facility offers malaria treatment services, but 14 percent of the facilities offer treatment for OIs and palliative care for HIV and AIDS clients (Table 3.3.1).

Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Nevis 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
7	100	100	100	0	14	14

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 either 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

³⁰Pan 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.

³¹ MEASURE Evaluation. 2005.

be available to provide clients with basic-level care, support, and treatment for HIV-related conditions.

Table 3.3.2 shows that in Nevis, among the 7 facilities that have an HIV testing system as defined above, all offer STI services and TB diagnostic or treatment services. No facility offered malaria treatment, while 14 percent offered treatment for opportunistic infections and palliative care for HIV and AIDS clients (Table 3.3.2). Since malaria is not a widespread problem, it is not surprising that none of the facilities with an HIV testing system in place offer malaria treatment services.

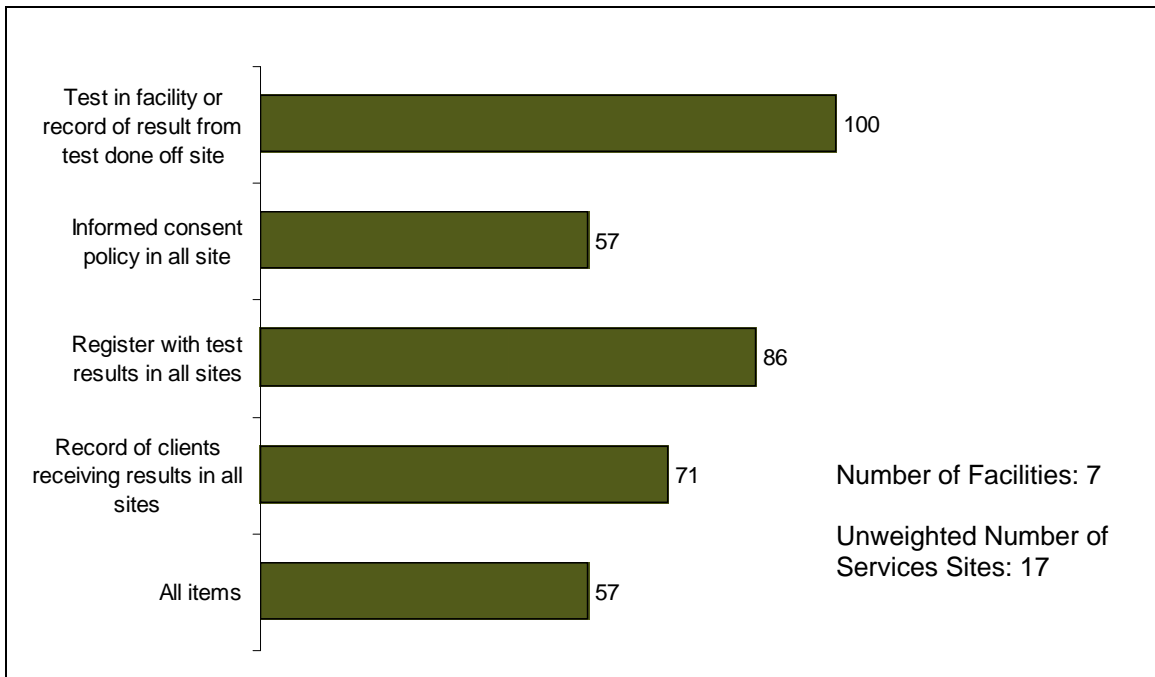
Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV testing system, HSPA Nevis 2006

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system				
		Percent offering STI services	Percent offering any TB diagnostic or treatment services	Percent offering malaria treatment services	Percent offering treatment for opportunistic infections for HIV/AIDS clients	Percent offering palliative care for HIV/AIDS clients
7	7	100	100	0	14	14

The seven facilities with an HIV testing system in Nevis included 17 service sites. Systems for testing and providing results for HIV tests are shown in Figure 3.3.2a. All of the facilities had either an HIV test available, or records were observed that provided results for tests conducted outside the facility; 86 percent of facilities had a register with test results in all sites. An informed consent policy for HIV testing was observed at 57 percent of the all service sites. Records for clients receiving HIV test results were observed in all sites of 71 percent of facilities. Fifty-seven percent of the facilities had all items for the indicator observed: the availability of an HIV test in the facility or observed records of results and in all service sites of the facility, an informed consent policy for HIV testing, a register for HIV test results, and a record of clients having received HIV test results.

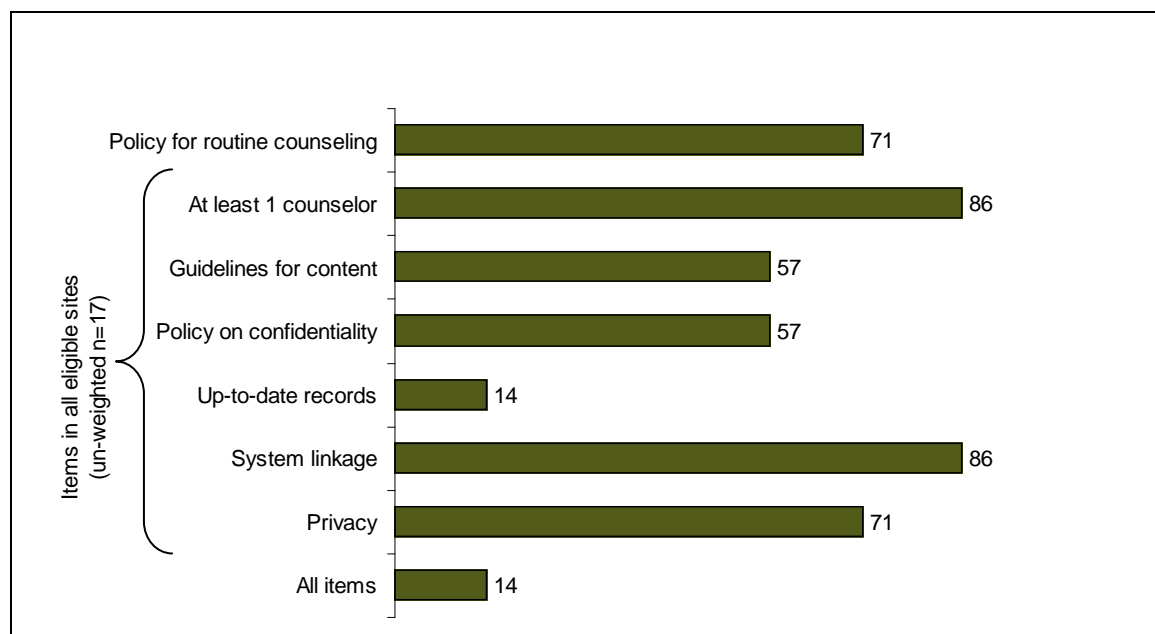


Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Nevis 2006



Systems and trained staff are needed to ensure full coverage for quality HIV testing and counseling services. Given the size of Nevis, the situation appears to be adequate in terms of qualified staff for pre- and post-test counseling, system linkages, and observed policy for routine counseling (Figure 3.3.2b). The system could be enhanced to increase the availability of guidelines for content of pre- and post-test counseling and a policy on confidentiality for HIV test results in all eligible service sites. Currently, only 57 percent of facilities meet this requirement. An area of concern is keeping up-to-date records with a low of 14 percent of public facilities having up-to-date records in all eligible sites. This needs to be addressed, as it will inform planning and indicate areas for scale-up.

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



In a site or facility offering HIV testing and counseling, it is important to have privacy so as 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.”³² Thus, it is very important to have visual and auditory privacy possible in all counseling areas. The situation in Nevis appears to be nearing a reasonable level with 71 percent privacy available in all eligible service sites. However, only 14 percent of the facilities met the strict definition of having all items present for a complete system for pre- and post-test counseling.

3.3.3 SERVICES AND SERVICE CONDITIONS RELEVANT TO HIV AND AIDS CARE AND SUPPORT

Availability of Services

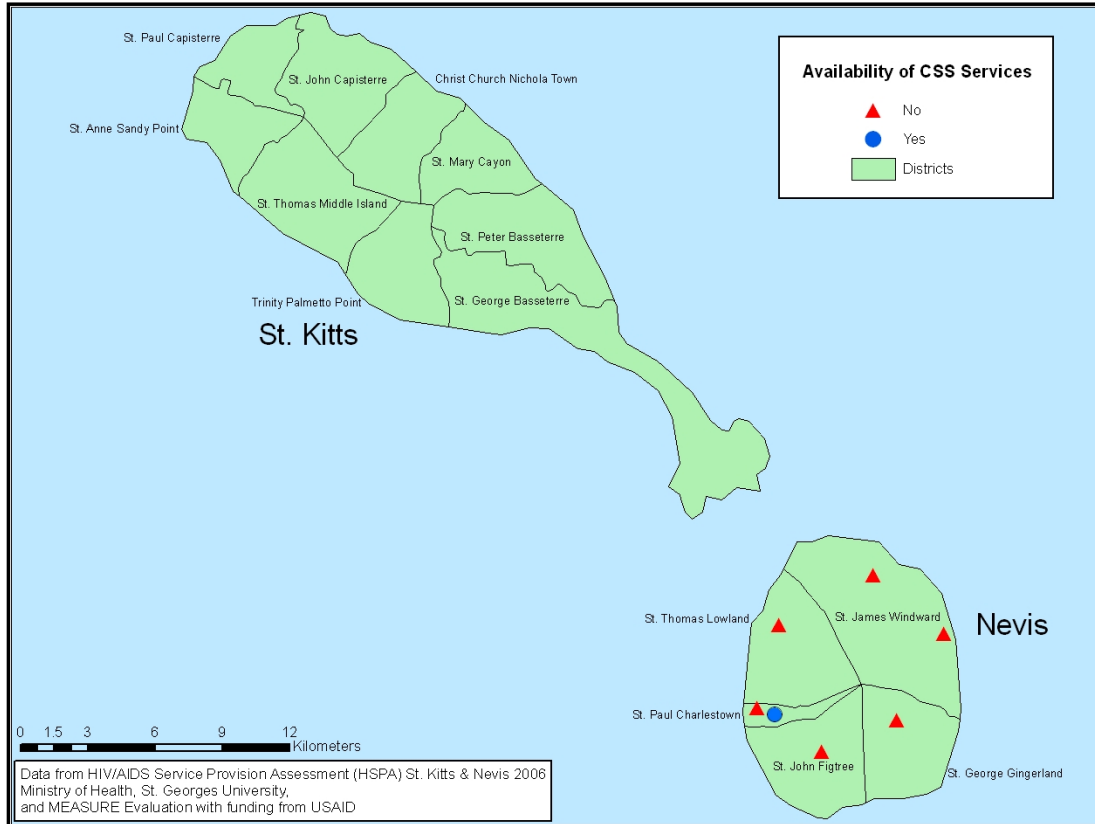
Care and Support Services (CSS) for PLHIV include any services that are directed toward improving the life of PLHIV. Other CSS may include palliative care and socioeconomic and psychological support services. TB and STIs are both illnesses associated with HIV and AIDS. International programs such as “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.

³² Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17 (Suppl.1): 9-25.



Public facilities were surveyed to assess whether they offer any CSS. Figure 3.3.3a shows the location in Nevis of the one facility that offers CSS for HIV and AIDS.

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



In Nevis, the single facility offering CSS for HIV and AIDS clients has an HIV testing system in place and offers STI services and diagnosis or treatment for tuberculosis, but did not report offering malaria treatment (Table 3.3.3a).

Table 3.3.3a: Basic HIV/AIDS-related service provision by public facilities that offer any care and support services (CSS), HSPA Nevis 2006

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients			
		Percent with an HIV testing system	Percent offering STI services	Percent offering any TB diagnostic or treatment services	Percent offering malaria treatment services
7	1	100	100	100	0

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. In Nevis, about one-third of the facilities have at least half 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). In 71 percent of facilities, at least half of the interviewed providers of TB, malaria or STI services reported 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.³³

Table 3.3.3b: Percentage of public facilities with supportive management practices for health service providers who treat infections relevant to HIV/AIDS, HSPA Nevis 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
7	29	71

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

³³ 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 that 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.³⁴

TB diagnosis and treatment is considered an essential component of care for HIV and AIDS clients. WHO 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.³⁵ The four tables below illustrate different service conditions for TB. In Nevis, all seven facilities offer TB services and all of them report that they follow DOTS (Table 3.3.3c). The DOTS treatment strategy is either: directly observed 2 months with follow-up at 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 it performs follow-up treatment or other strategies in the treatment of clients affected with TB (Table 3.3.3c).

³⁴ World Health Organization. 2005. Frequently asked questions about HIV and TB. Available at <http://www.who.int/tb/hiv/faq/en/index.html>.

³⁵ Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, 12(5).

Table 3.3.3c: Among those public facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), HSPA Nevis 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 ¹			Among facilities offering any TB services, percentage with			
		DOTS ²	Follow-up treatment only ³	Other strategies ⁴	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 ⁵	All items for TB indicator ⁶
7	8	100	0	0	0	29	14	0

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

²Treatment strategy followed is either direct observe 2 months, follow-up 6 months, or direct observe 6 months.

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

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

⁵Any 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.

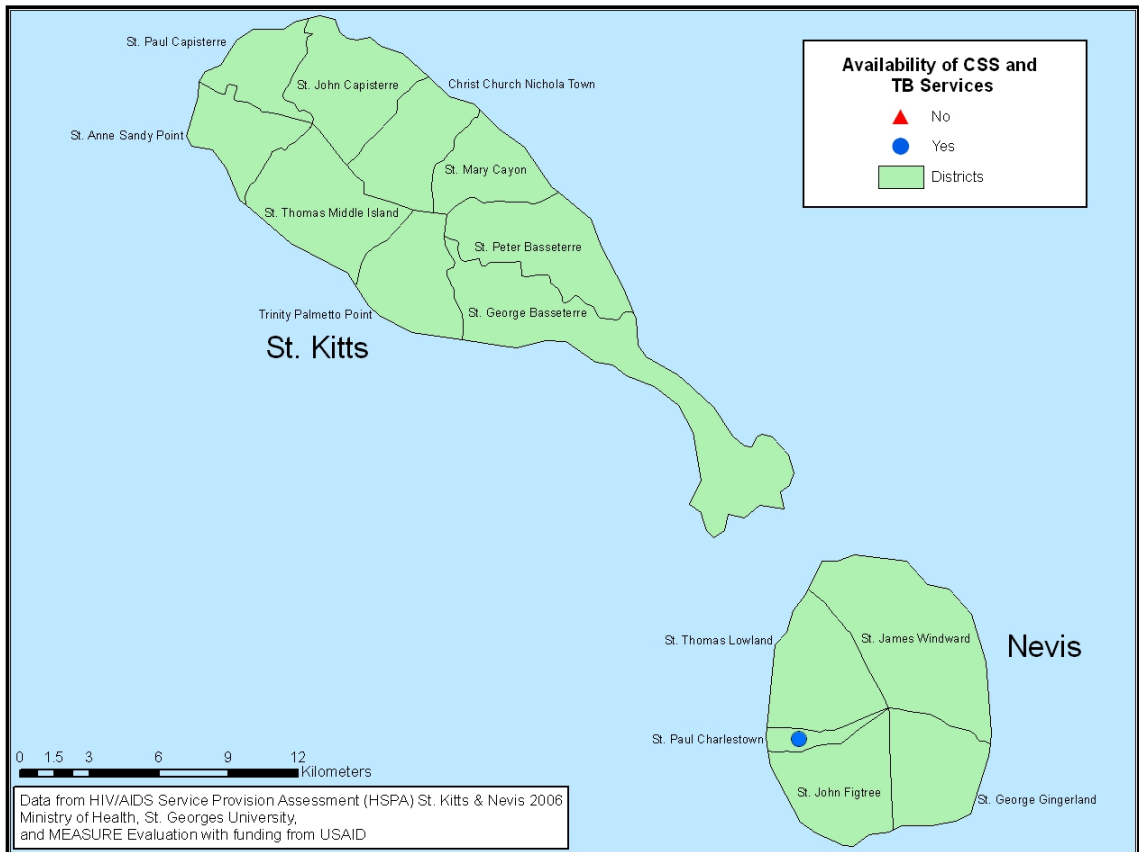
⁶Observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

In resource-constrained settings, diagnosing co-infection or simply diagnosing TB without explicit training (and follow-up for providers) can be complicated. Table 3.3.3c further shows that among the facilities offering TB services, 29 percent had an observed TB treatment protocol at all service sites, but only 14 percent had all first-line TB medicines available (this includes any combination of 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 multi-drug-resistant TB. No facility offering TB services had an observed client register at any site where TB treatment is offered. Registers are helpful to any follow-up system for TB and this should be an area that requires remedy.

When the HSPA considered provision of TB services among facilities in Nevis that offer CSS for HIV and AIDS clients, the numbers were comparable, as there is one facility offering CSS for HIV and provides TB services (Figure 3.3.3b).



Figure 3.3.3b: Location of CSS services that offer TB treatment or diagnosis, HSPA Nevis 2006



There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and treating the two in co-infection situations, as provision of ARTs and TB medication in this situation would need special attention. Furthermore, 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.³⁶

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 and AIDS with only one diagnostic tool (such as X-ray diagnosis, bacteriologic diagnosis, blood culture, or nucleic acid amplification assays).^{37, 38} 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. In Nevis, of the seven facilities that provide any TB diagnostic or treatment services, two use a sputum test for TB diagnosis, but none had all of the items for conducting the sputum test on

³⁶Pape, J. W. 2004.

³⁷ Kaplan, J. 2005.

³⁸ Pape, J. W. 2004.

hand, nor were there any observed records of sputum test results. Two of the facilities reported diagnosing TB using X-ray, although only one of the had X-ray capacity.

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

Total number of facilities	Number of facilities with any TB diagnostic or treatment services ¹	TB diagnosis using sputum			TB diagnosis using X-ray		
		Among facilities diagnosing TB using sputum, ² percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	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 ³			
7	7	0	0	0	2	50	2

¹Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

²Includes sputum microscopy, culture, or rapid test.

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

⁴Functioning X-ray machine with films.

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 (the treatment strategy followed is either directly observe 2 months, follow-up 6 months, or directly observe 6 months). Table 3.3.3e below shows facilities that report having a DOTS strategy and are a part of the national program. Of the seven facilities (with eight service sites) in Nevis, all report they are part of the national DOTS program and are following the DOTS strategy (Table 3.3.3e). However, only 14 percent of the facilities have all first-line TB medicines available, and 29 percent had observed TB treatment protocol in all eligible service sites. In terms of the protocol, if it is available in certain service sites within the facility, but not all, the facility would be ineligible for this count. None had an observed client register for DOTS and, therefore, none of the facilities had all of the items for the indicator. This indicates that these are areas require scale-up.



Table 3.3.3e: Tuberculosis treatment and/or follow-up using direct observed treatment short-course (DOTS) In Public Facilities, HSPA Nevis 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				
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy ¹		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available ²	All items for TB indicator ³	Number of sites offering TB service using DOTS strategy ⁴
7	100	100	100	7	0	29	14	0	8

¹Treatment strategy followed is either direct observe 2 months, follow-up 6 months, or direct observe 6 months.

²Any 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.

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

⁴The reported number of sties is unweighted.

It was reported during the Nevis HSPA stakeholder meeting on February 28, 2007, that currently, the TB coordinator is based at one facility and patients are referred to this individual from the other facilities. If Nevis decides 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 are 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.³⁹

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 STIs and the risk of contracting HIV. Service locations where STIs are treated are prime locations for activities for detection and prevention of HIV and AIDS. In addition, persons with HIV and AIDS are at higher risk than the general population for contracting syphilis. Thus, screening and diagnosis and treatment for STIs, including syphilis, comprise a basic service that should be provided to all at-risk clients.

³⁹ Ibid.

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

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

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

In Nevis (Table 3.3.3f), where all 7 facilities offer STI treatment services (with 9 STI treatment service sites within them), condoms were available in any service area or pharmacy in all facilities. However, only 14 percent had all the medicines available for STI services. STI treatment protocol was observed in none of the relevant units and hence none of the facilities had all items for STI services.

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

Total number of facilities	Number of facilities offering STI treatment services	Number of sites offering STI treatment ¹	Percentage of facilities offering STI services, with:			
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility ²	Condoms in any service area or pharmacy	All items for STI services ³
7	7	9	0	14	100	0

¹The reported number of sites unweighted.

²At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), Chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tindazole, or miconazole vaginal suppository).

³Observed 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 on STI services appears to be provision of condoms, with all seven 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 Nevis, it was assessed in the HSPA (Table 3.3.3g). However, if a patient with malaria were to present him/herself to the health system for care, there is no facility in Nevis that could treat the patient since there were neither treatment protocols nor medicines available.

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

Total number of facilities	Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services ¹	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
7	0	0	NA	NA	NA

¹The 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:

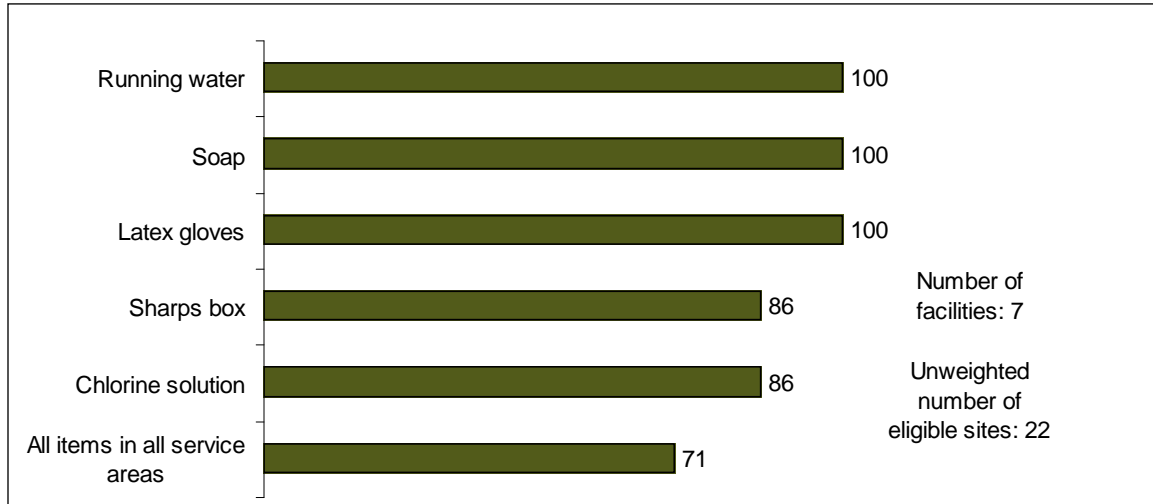
- ▶ Soap and running water for hand washing
- ▶ A chlorine-based mixture for decontaminating equipment prior to cleaning and processing for reuse
- ▶ Latex examination gloves
- ▶ A “sharps” container for immediately placing needles and blades to prevent injury and transmission of blood-borne infections.

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 the sites within the facility. It could be a serious problem if a facility does not have any infection control system. Systems should be in place in some of the sections of the facility, and then a review of the infection control system is needed to determine if there is a problem with infection control in general, or if the facility is just temporarily out of supplies, or if there is a larger systems problem. Certainly the aim should be to have all of the sites with a completely functioning infection-control system that is fully stocked. By reviewing this figure and Figure 3.3.3d

policymakers and program planners will have a better idea of how their services are achieving full coverage.

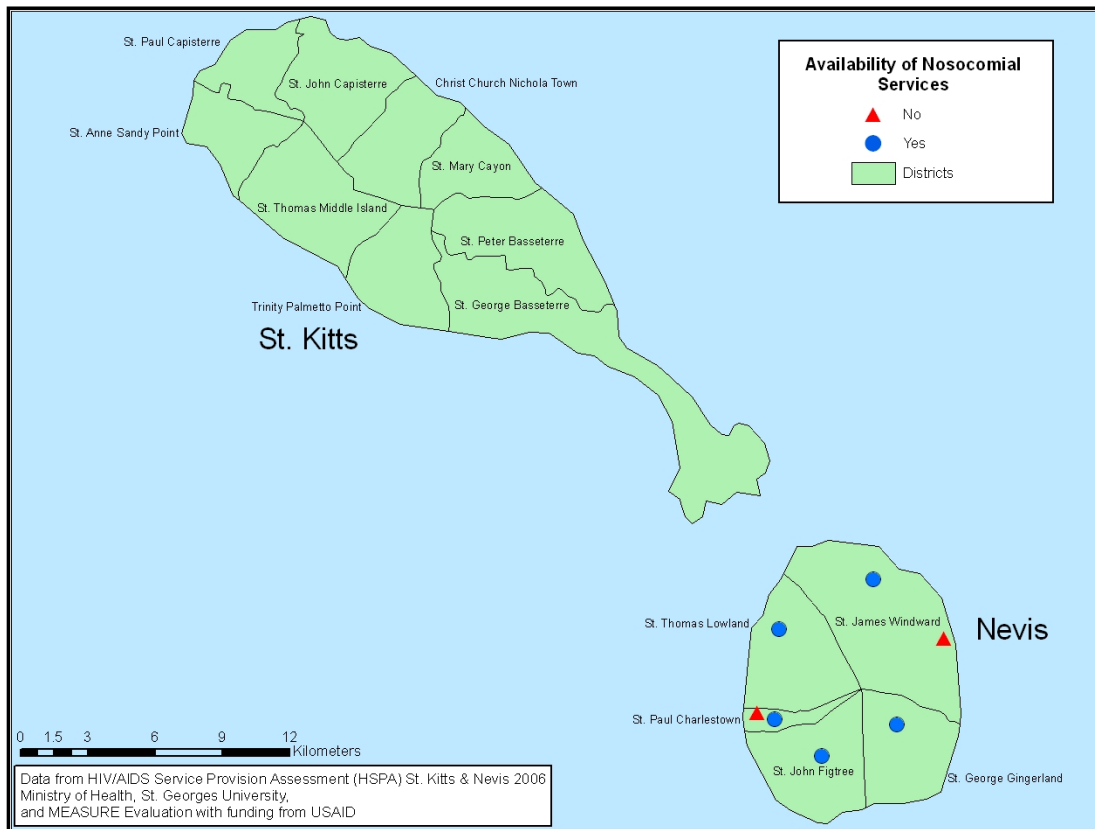
Figure 3.3.3c: Elements at public facility service sites for preventing nosocomial infections, HSPA Nevis 2006



In Nevis, the situation is satisfactory (Figure 3.3.3c), with all of the facilities having running water, soap, and latex gloves in all eligible sites (22) of the seven facilities. The percentage having sharps boxes and chlorine solution in all relevant service areas within the facility was 86. A total of 71 percent of the facilities had all items for infections control present in all relevant service areas in the facility.

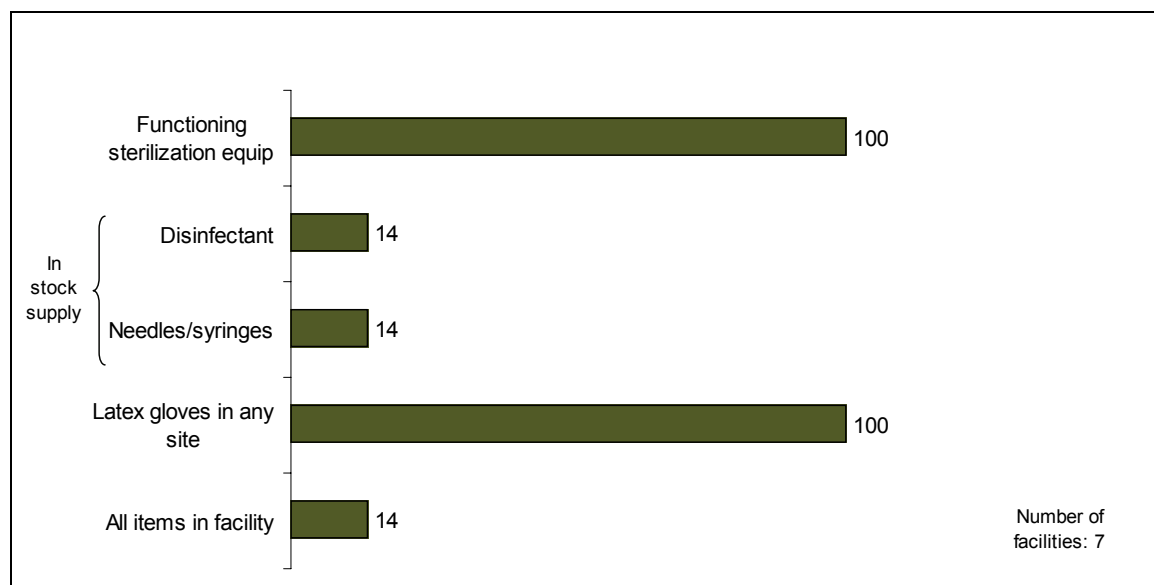


Figure 3.3.3d: Location of facilities offering nosocomial infection prevention services, HSPA Nevis 2006



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. The availability of stock supplies of disinfectant solution and needles/syringes was very low (14 percent for both items). All facilities had functioning HLD equipment and latex gloves were available. However, Figure 3.3.3e shows that only 14 percent of the facilities had all items present in all of the relevant service areas of the facility (functioning equipment for sterilization or HLD processing, disinfectant, and needles/syringes in stock, and latex gloves in any site in the facility). To meet the requirements for the indicator, infection-control materials must be available in any of the eligible sites in a facility, and the facility must have functioning equipment for sterilization or HLD, all stock items, and at least one site with latex gloves.

Figure 3.3.3e: Elements for preventing nosocomial infections present anywhere within public facilities, HSPA Nevis 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 OIs. All facilities providing any CSS for HIV and AIDS clients should be able to treat OIs and to provide a basic-level or palliative care. Table 3.3.4 shows that the single facility in Nevis, offering CSS, offers treatment for opportunistic infections as well as palliative care for HIV and AIDS clients.

Table 3.3.4: Basic HIV/AIDS-related service provision by public facilities that offer any care and support services (CSS), HSPA Nevis 2006

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients	
		Percent offering treatment for opportunistic infections for HIV/AIDS clients	Percent offering palliative care for HIV/AIDS client
7	1	100	100



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

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

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

- ▶ **Laboratory services.** This refers to diagnostic and laboratory capacity for advanced HIV and AIDS care. Such diagnostic and laboratory capacity include having a spinal tap kit and laboratory capacity for culturing specimens; liver function tests; 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 immunosorbent assay for HIV or a documented system for referral and receiving results for the above mentioned tests. A documented system for HIV assays includes a record or registers where the referral and test result is included and an indication that the test result or follow-up was provided to the person tested. If the laboratory or pharmacy is external to the facility but has a formal agreement and is the designated laboratory or pharmacy for the facility, the laboratory capacity and the availability of medicines should be assessed in the external referral location.
- ▶ **Antiretroviral therapy (ART).** This refers to provision of antiretroviral (ARV) medicines for treatment of an HIV-infected person.
- ▶ **Opportunistic infections (OIs).**⁴⁰ 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.

⁴⁰ For a list of medicines to support the management of opportunistic infections and the provision of palliative care, please see footnote 42.

- ▶ **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 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, Nevis has limited advanced-level services for HIV and AIDS. Only 14 percent of facilities provide ART, pediatric AIDS care, nutritional rehabilitation, FPS, and intravenous (IV) treatment of fungal infections. In Nevis, 29 percent of facilities had laboratory capacity for monitoring HIV and AIDS clients. Although 100 percent of facilities report having PEP available to staff, none of the facilities had observed PEP medicines. It was reported during the Nevis HSPA Stakeholder's meeting in February 28, 2007 that staff are referred to one central location for treatment, if needed.

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

Total number of facilities	Percent with any lab capacity for monitoring HIV/AIDS clients ¹	Percent reporting PEP available to staff	Percent 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
7	29	100	0	14	14	14	14	14	14

¹Having 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. All seven public facilities surveyed had an HIV testing system in place. A comparison of Tables 3.4a and 3.4b shows that the public facilities that have an HIV testing system in place offer advanced-level care.

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.⁴¹ If there is a need for additional services, diversifying staff and providing a balanced and integrated service that delivers ART would be the best approach. An assessment of the human resources available in light of the prevalence and trends of HIV and AIDS is key to determining a strategy for expanding ART services, if necessary.

Table 3.4b: Advanced HIV/AIDS-related service provision by public facilities with an HIV testing system, HSPA Nevis 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 ¹	Pep available to staff	Pep available to staff with observed PEP medicines	ART	Pediatric aids care	Nutritional rehabilitation services	Fortified protein supplement-ation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
7	7	29	100	0	14	14	14	14	14	14

¹Having 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

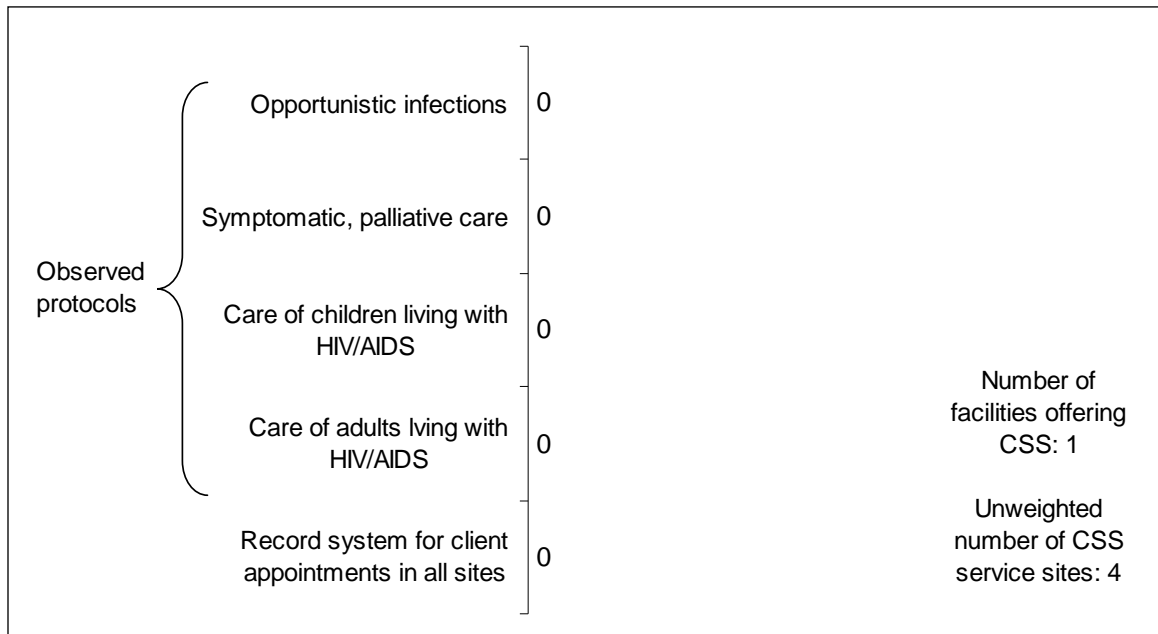
It is important that guidelines and protocols are available in the health facilities so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provision. Briefly considered in this section are the records kept for

⁴¹ 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.

client appointments, which is then assessed in more detail in Chapter 4: Status of the HIV and AIDS Health Information System.

In Nevis, the one facility (with 4 service sites) that offers CSS for HIV and AIDS clients did not have guidelines/protocols for any of the items to support advanced services HIV and AIDS observed in all relevant program sites of the facility (Figure 3.4.1a).

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

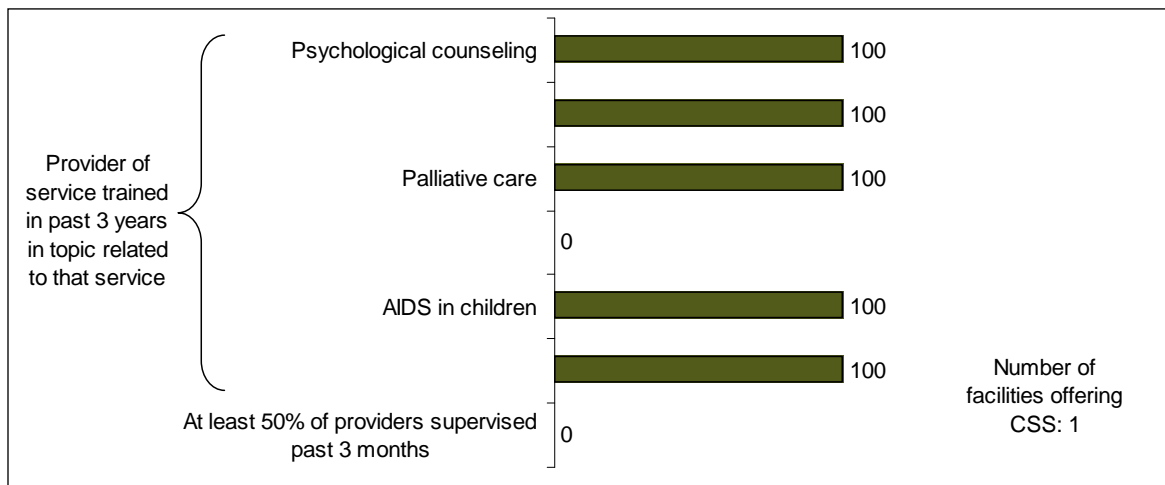


Trained Providers

In order to provide quality services, health workers need to be up-to-date in best practices. Facilities should have at least one provider who has recently been trained (in the past 3 years). The HSPA assessed training and supervision in palliative and nutritional care, as well as recent training in psychosocial counseling, disorders of the 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 Nevis 2006

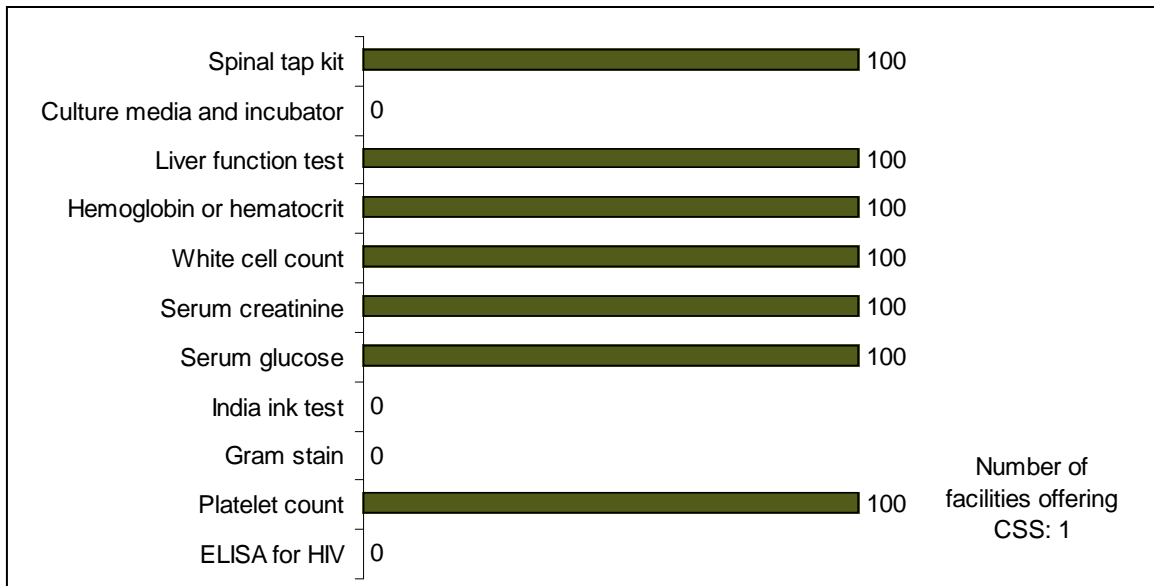


In the one facility offering CSS for HIV and AIDS clients, there was at least one trained provider in all areas except Central Nervous System (CNS) and mental disorders. In general, the level of management and support for health service providers of advanced services for HIV and AIDS appears to be adequate in Nevis. The area for scale-up would be training providers in addressing problems associated with the central nervous system and mental disorders.

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 two 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. In Nevis there is only one facility offering CSS. The capacity to conduct laboratory investigations is shown in Figure 3.4.2.

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



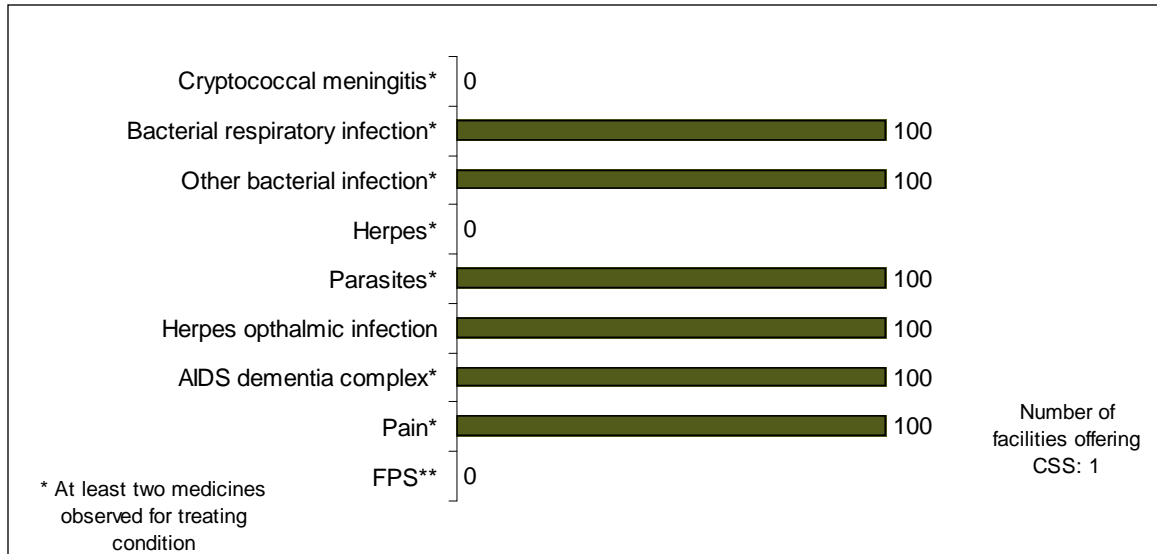
With the exception of the culture media and incubator, India ink test, gram stain, and the Enzyme Linked Immunosorbent Assay (ELISA) test, the capacity to carry out laboratory tests in the one facility that provides CSS seems to be at a satisfactory level. However, Nevis may need to scale up if they plan to expand CSS utilizing existing laboratories or establish new laboratory facilities to meet the increasing demand for HIV and AIDS counseling and testing.

3.4.3 ADVANCED-LEVEL TREATMENT OF OPPORTUNISTIC INFECTIONS AND PALLIATIVE CARE

As defined above, it is crucial that advanced services are available in public facilities to support and care for the later stages of AIDS infection. Advanced-level treatment capacity requires that a facility have access to at least two of the most-common medications used for treating an indicated condition (Figures 3.4.3).



Figure 3.4.3: Advanced care for HIV/AIDS clients: medicines⁴², HSPA Nevis 2006



**FPS stands for fortified protein supplement

Among the medicines to treat the most common opportunistic infections and provide palliative care are antibiotics and antifungal medicines. The HSPA found that the one public facility offering any CSS had at least two of the medicines for treating bacterial infections, parasites, herpes ophthalmic infection, AIDS dementia complex, and pain (Figure 3.4.3). However, it did not have at least two of the indicated medicines to treat cryptococcal meningitis, herpes, or treat with fortified protein supplement. All of these can be quite severe in immuno-compromised patients. Health planners may want to review the treatment regimen currently implemented to have a wider range of HIV- and AIDS-related medications available.

3.4.4 ANTIRETROVIRAL THERAPY (ART)

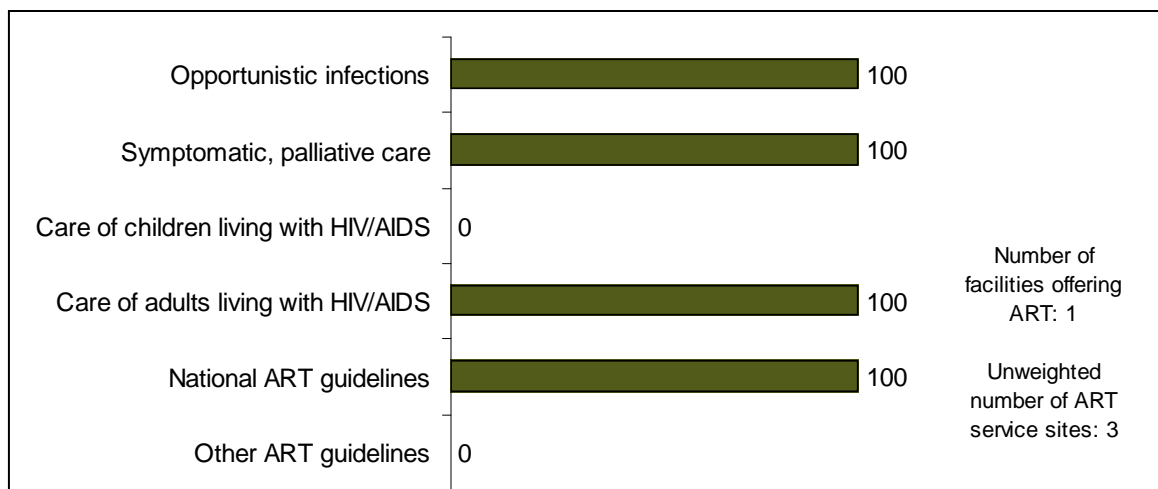
There are several global and regional initiatives that have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the Pan-Caribbean Partnership for HIV/AIDS (PANCAP) Strategic Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the

⁴² Cryptococcal meningitis—Amphotericin B, fluconazole, Itraconazole, and Ketoconazole
 Bacterial respiratory infection—Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone
 Other bacterial infection—Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin
 Herpes—Acyclovir and gancyclovir
 Parasites—Metronidazole, tindazole, nalidixic acid, and cotrimoxazole
 Herpes ophthalmic infection— One of: Acyclovir ophthalmic or acyclovir oral
 AIDS dementia complex—Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone
 Pain—One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codeine, diclofenac injectable, dipyron injectable, oral morphine)
 Fortified protein supplement

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.⁴³

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.⁴⁴ Hopefully, this survey can assist in identifying areas that need attention. In the public facility offering ART, guidelines or protocols existed for treating OIs, symptomatic or palliative care, care of adults living with HIV and AIDS, and national ART guidelines that were observed (Figure 3.4.4a). However, no other ART guidelines or protocols or other guidelines could be observed in all sites for the care of children living with HIV and AIDS.

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



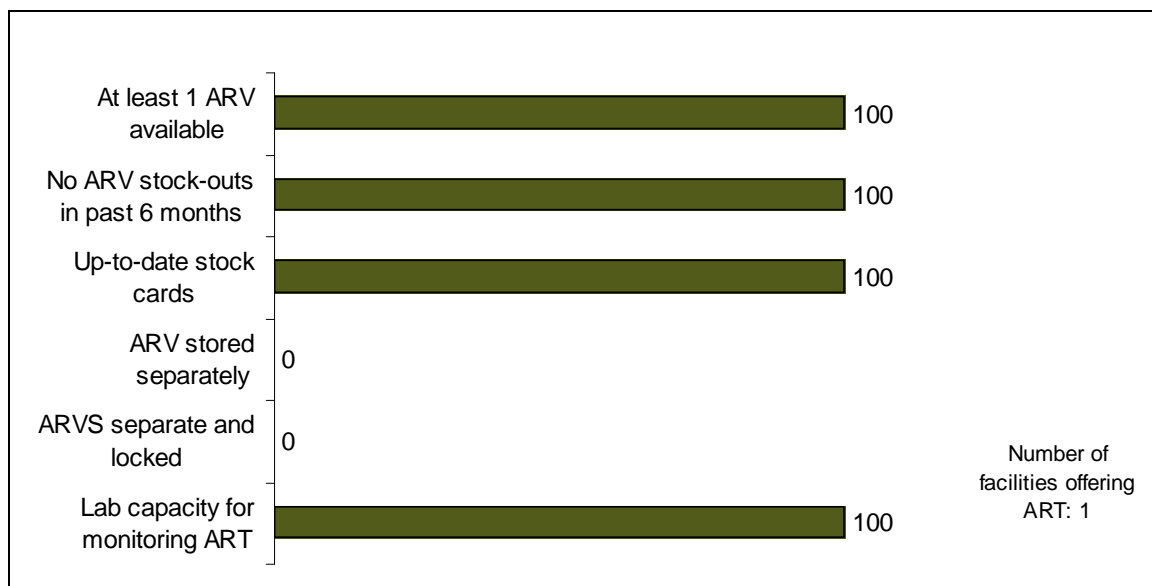
The capacity to support antiretroviral combination therapy services is examined in Figure 3.4.4b. The public facility offering ART services had at least one ARV available, had lab capacity for monitoring ART and had no ARV stock-outs experienced in the past 6 months. Stock cards were up-to-date. However, ARVs were not stored separately and locked.

⁴³ Pan-American Health Organization. 2005.

⁴⁴ Ibid.

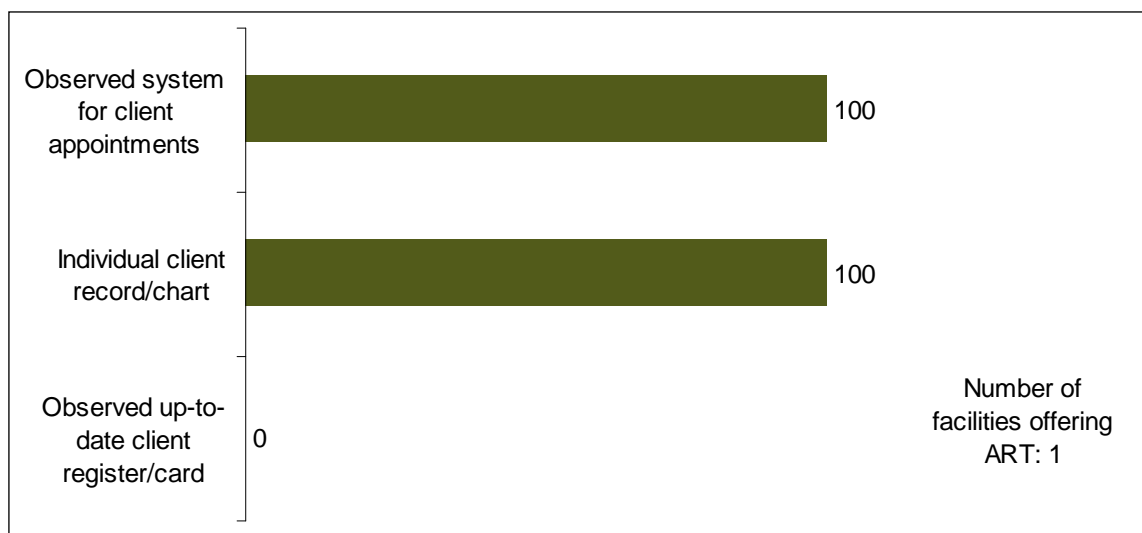


Figure 3.4.4b: ARV stock and storage conditions, HSPA Nevis 2006



From Figure 3.4.4c, a further assessment is made of systems and items to support antiretroviral combination therapy services. The one ART facility had an observed system for client appointments and individual client record cards, but there were no up-to-date client registers or cards observed.

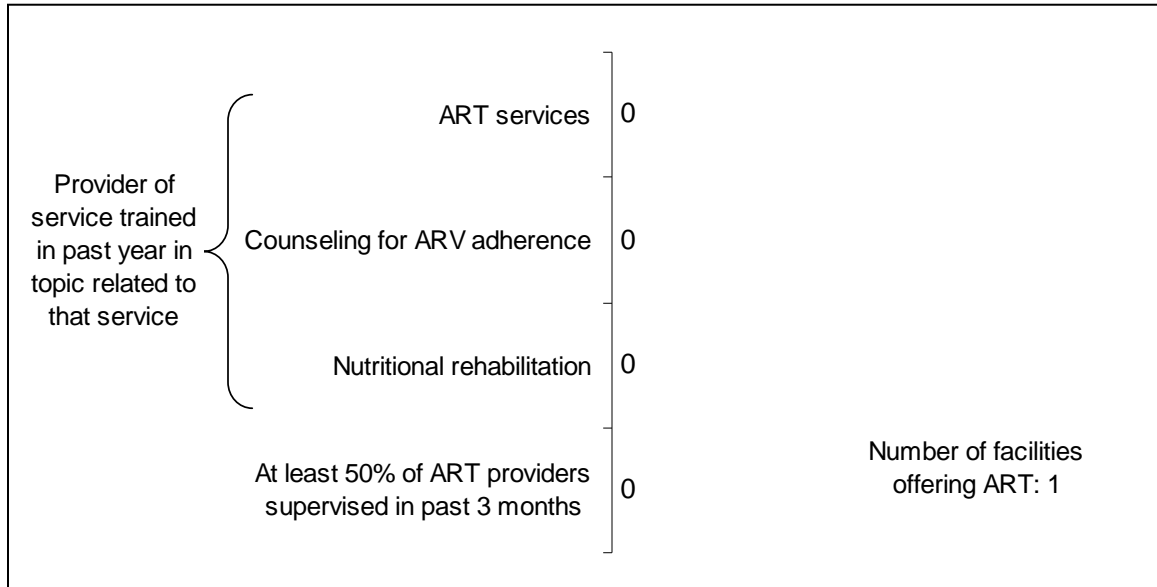
Figure 3.4.4c: Systems and items to support antiretroviral combination therapy services, HSPA Nevis 2006



The one facility offering ART did not have providers who were recently trained (in the past year) in ART services, counseling for ARV adherence, or nutritional rehabilitation,

and did not have at least 50 percent of ART providers supervised in the past 3 months. These findings give reason for concern as up-to-date training of health service providers in topics related to ART is important in contributing to the quality of service given to PLHIV (Figure 3.4.4d).

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

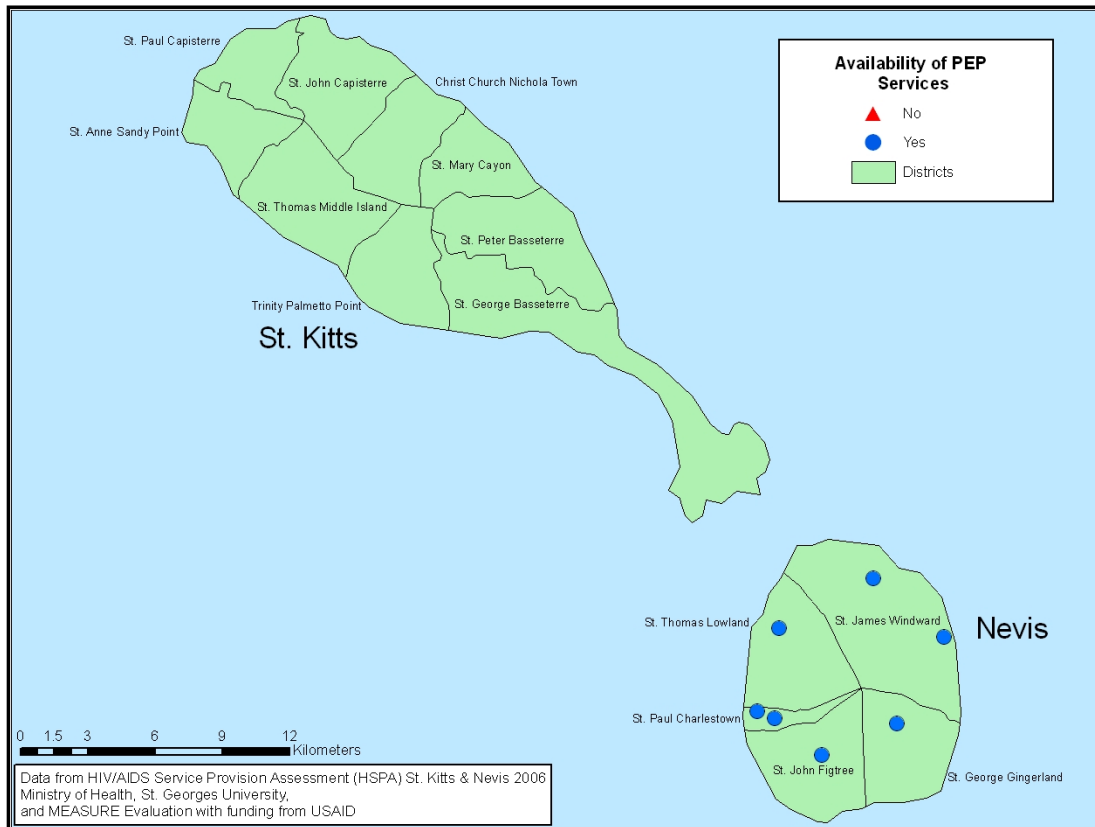


3.4.5 POST-EXPOSURE PROPHYLAXIS (PEP)

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 offered in Nevis is shown in Figure 3.4.5a.

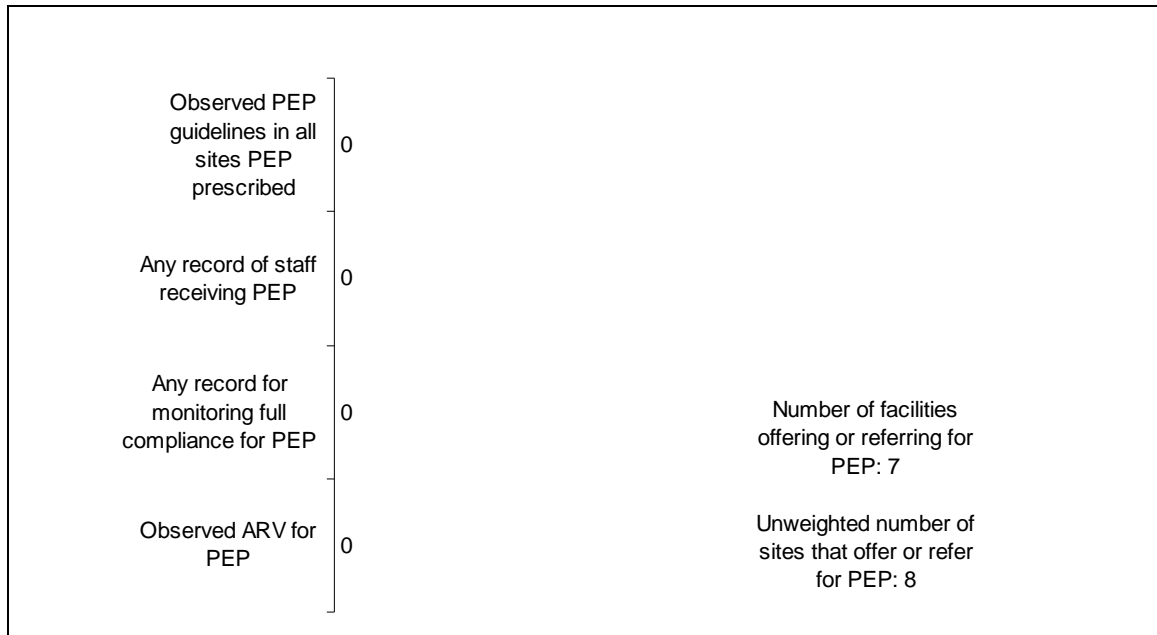


Figure 3.4.5a: Availability of post-exposure prophylaxis, HSPA Nevis 2006



In Nevis there are 7 facilities with eight service sites that report offering or referring staff for PEP (Figure 3.4.5b). However, no ARV for PEP was observed at any of these facilities. There were no observed guidelines in all sites that prescribe PEP, or records observed of staff receiving PEP or records for monitoring full compliance for PEP (Figure 3.4.5b).

Figure 3.4.5b: Post-exposure prophylaxis (PEP), HSPA Nevis 2006

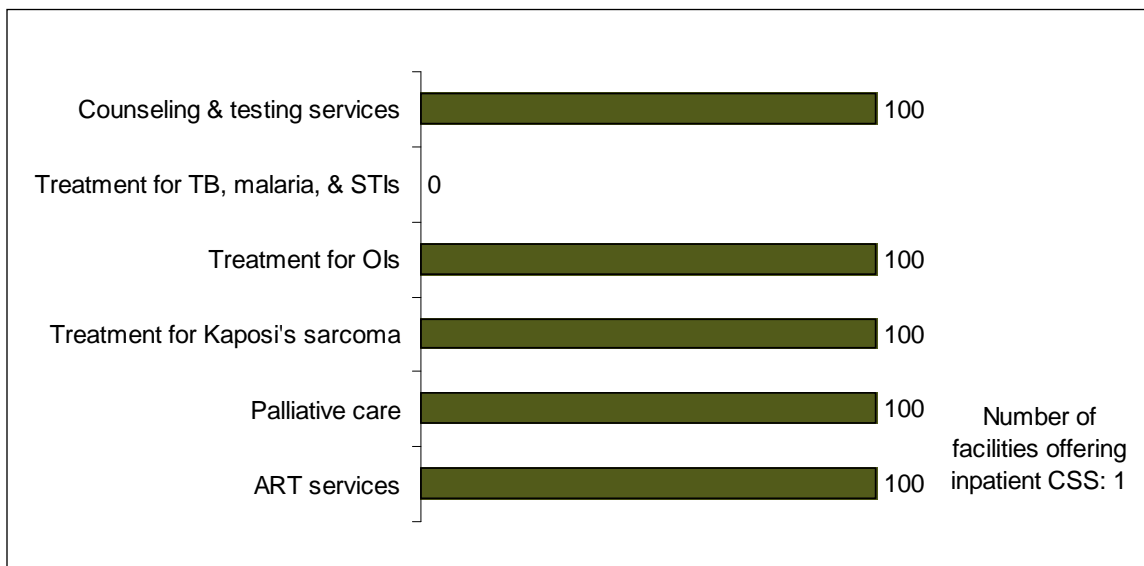


3.4.6 INPATIENT CARE AND SUPPORT SERVICES

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 Nevis offering inpatient CSS for PLHIV offered counseling and testing services for HIV and treatment for opportunistic infections, Kaposi’s sarcoma, ART services, and palliative care, but offered no treatment for TB, malaria, and STIs (Figure 3.4.6). This is basically due to the absence of malaria services not STI or TB services.



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



The facility in Nevis offering inpatient CSS had a 24-hour regular electric supply, a functioning client toilet for inpatients, and running water in all sites servicing inpatient clients. The facility did not have all items for the indicator, which is due to the lack of malaria services.

3.4.7 HOME-BASED CARE AND SUPPORT SERVICES

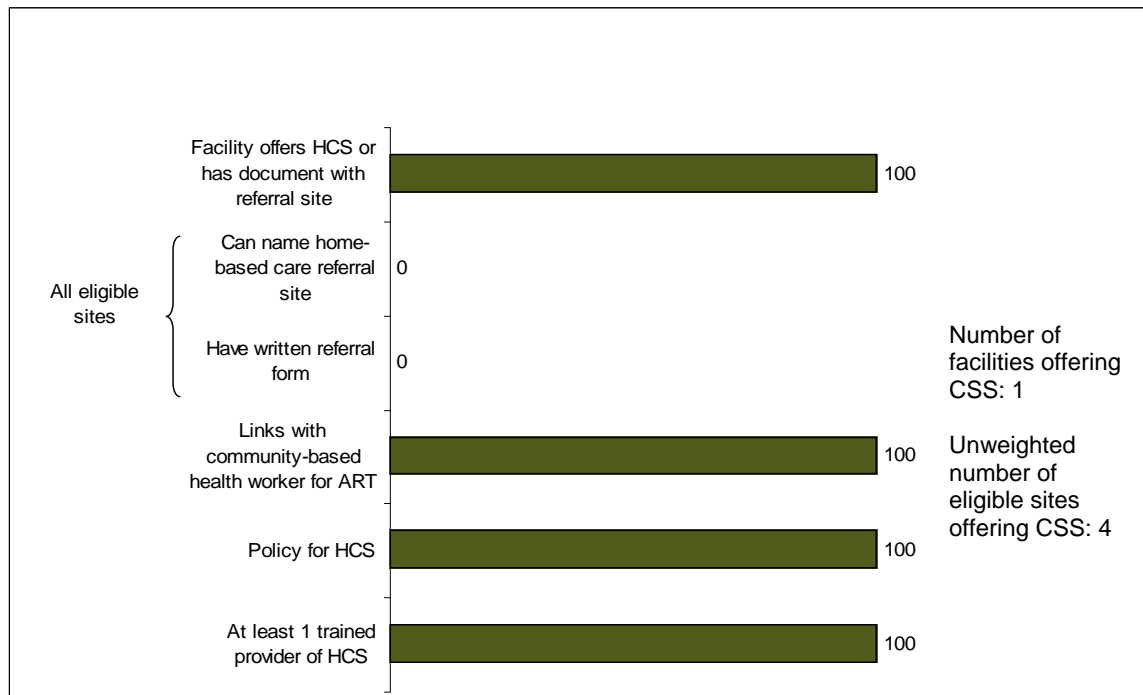
Home-based care services (HCS) provide support to PLHIV and their families. This includes medical care, counseling, social support (emotional, physical, financial, and/or material), and other social services. Many home-based care programs are managed by community-based groups outside of the medical care 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 the course of their lives.

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

Among public facilities offering CSS, the percentage with the indicated item to support home-based care services for PLHIV is presented in Figure 3.4.7. In Nevis, the one CSS facility had documents with referral sites for HCS, links with community-based health workers for ART, a policy for HCS, and at least one trained provider of HCS.

However, HCS referral sites could not be named, and written referral forms were not available in all eligible sites.

Figure 3.4.7: Conditions to support home-based care services (HCS), HSPA Nevis 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.⁴⁵

For the purposes of the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit provides CSS and reports providing pediatric AIDS care. Table 3.4a (page 43) indicates that of the seven public facilities surveyed, 14 percent offered pediatric AIDS services and had at least one provider of pediatric AIDS care who was trained in the past 3 years (Figure 3.4.1b, page 46).

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

⁴⁵ The New Mexico AIDS InfoNet. Children and HIV. Available at http://www.aidsinonet.org/factsheet_detail.php?fsnumber=612.



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.⁴⁶

Of the seven public facilities in Nevis, 14 percent offered fortified protein supplementation along with nutritional rehabilitation services (Table 3.4a, page 43). The single facility offering CSS had a recently-trained (past 3 years) provider of nutritional rehabilitation for PLHIV (Figure 3.4.1b, page 46).

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).

Additional services (referred to as PMTCT+) include making ART available to all women identified through PMTCT as HIV positive, as well as to their families. Even given its low estimated HIV prevalence rate, Nevis offers PMTCT services. All seven of the public facilities surveyed offer some aspects of the PMTCT services (Figure 3.5).

⁴⁶ Food and Nutrition Technical Assistance Project. 2004. *HIV/AIDS: A Guide for Nutritional Care and Support*. 2nd Ed. Washington, DC: Academy for Educational Development.

Figure 3.5: Location of PMTCT services, HSPA Nevis 2006

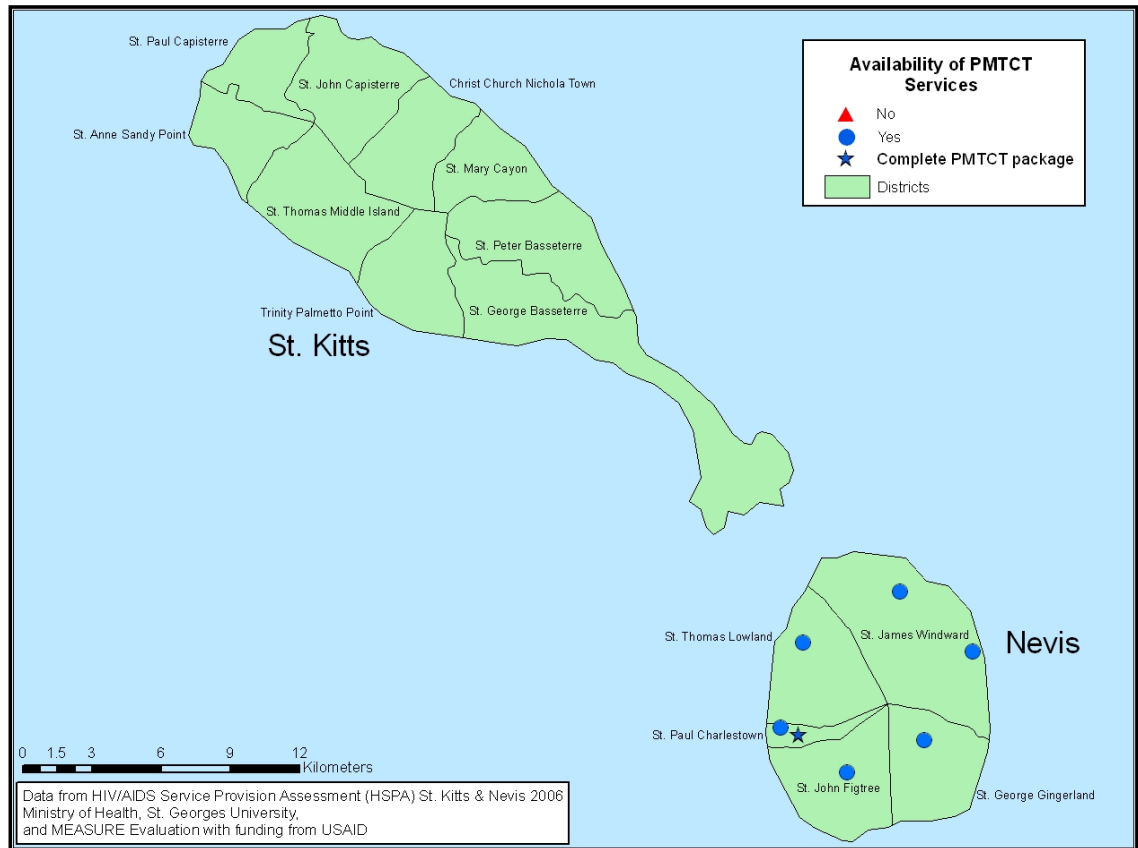


Table 3.5 presents data from the HSPA indicating that 14 percent of the seven public PMTCT services surveyed provided all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis for PMTCT, infant-feeding counseling, and family-planning counseling or referral). However, none of the facilities provided ARV therapeutic treatment for HIV-positive women and their families, or all items of PMTCT+.⁴⁷

⁴⁷ 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 Nevis 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services ¹	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 ²	Offering PMTCT+ services ³	All items for PMTCT+ ⁴
7	7	9	71	14	29	71	14	0	0

¹The reported number of sites is unweighted.

²Components of routine PMTCT for the facility include HIV testing with pre- and posttest counseling, ARV prophylaxis for the mother and newborn, and counseling and provision of family planning services.

³Facility offers ARV therapy for HIV infected women and their families.

⁴All components for the minimum package PMTCT services are available, and the facility offers PMTCT+ services.

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

4.1 OVERVIEW

A good HIV and AIDS record 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 also the dissemination of data to other countries in the region.⁴⁸

“In 2005, the Ministry of Health (Saint Kitts and Nevis) established a monitoring and evaluation team headed by the National Epidemiologist. With the assistance of a consultant, the team was charged with the responsibility of harmonizing the various programme indicators and development of a monitoring and evaluation plan. When completed the plan will define the program’s indicators, tools for data collection and analysis as well as a strategy for dissemination of the information.

The National Epidemiologist is based in the Health Information Unit of the Ministry of Health and is the focal point for the collection of all HIV and AIDS-related information. Data from health facilities (including laboratories) and is collated and disseminated for use at all levels. HIV surveillance reports are available quarterly and annually however a comprehensive programme report has not been written since 2003.”⁴⁹

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+ clients come into the system. Ideally, forms for HIV and AIDS tracking should be integrated into a national Health Information System

The HIV and AIDS Service Provision Assessment (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 one facility offering care and support services (CSS) for people living with HIV (PLHIV). The facility had registers to track HIV- and AIDS-related client diagnoses in an eligible outpatient and/or inpatient clinic or unit. However, no individual client records/charts or confidentiality guidelines were observed across all eligible client clinics/units.

⁴⁸ 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.

⁴⁹ UNGASS. 2006.



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

Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/Aids clients ¹	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 ²	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
1	4	0	100	0	0

¹The reported number of sites is unweighted.

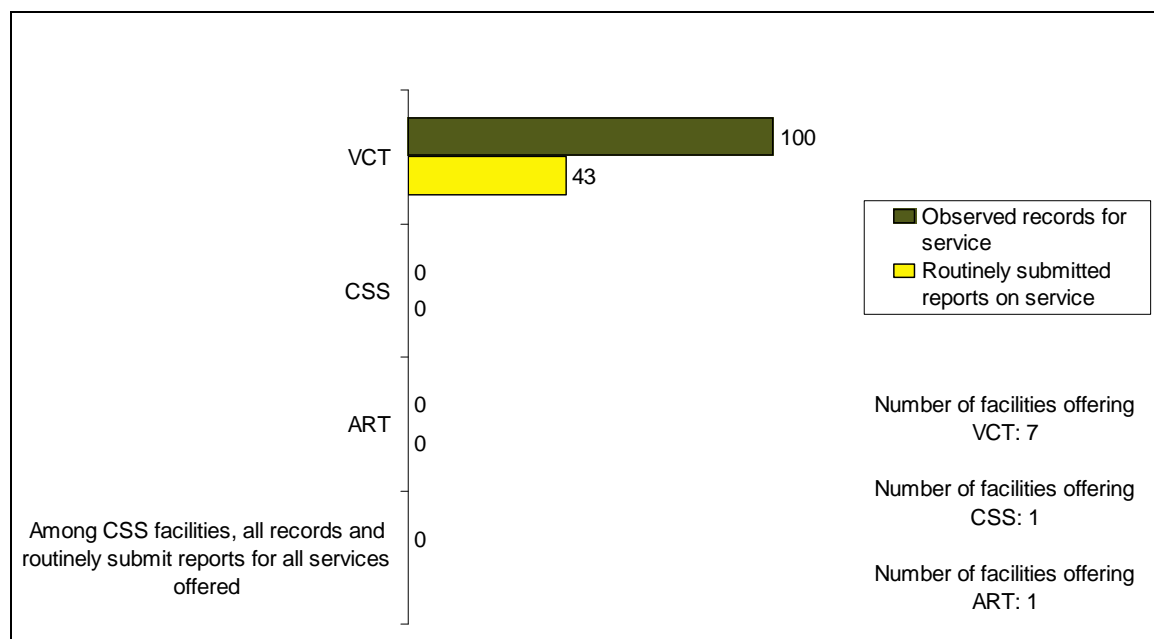
²Within facility where CSS are offered in any outpatient clinic/unit, at least one outpatient unit had an observed register with HIV/AIDS related client diagnoses and where CSS are offered in any patient unit, at least one patient unit had an observed register with HIV/AIDS related client diagnoses observed.

This situation gives rise to concern, especially when considering that this facility offers CSS and did not have all of the components for routine data collection for HIV. This could be problematic, as care for PLHIV can be complicated and difficult to follow appropriately if clear and consistent records are not kept on 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.

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 seven public facilities offering voluntary counseling and testing (VCT) services, 100 percent had observed records of service with only 43 percent routinely submitting reports on service. In the case of CSS and ART, there were no observed records for service and hence no routine record submission.

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



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 records 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.

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

PMTCT

The greatest challenge to tracking PMTCT service delivery is in tracking antiretroviral medicine (ARV) treatment among pregnant women. Table 4.2.2a shows that in Nevis, PMTCT is offered in seven facilities (nine sites). However, only 43 percent of the facilities offering PMTCT services had observable records of women attending antenatal clinics (ANCs) and who accepted HIV testing; 29 percent had records of women who received their HIV test results and 14 percent had records of women who received post-test counseling for HIV (by serostatus). There were no facilities that had a record of HIV-positive women who were provided a complete ARV course for PMTCT. This



illustrates the need to strengthen 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 Nevis 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services ¹	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
7	7	9	43	29	14	0	0

¹Number 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. There were no facilities offering PMTCT+ services. Nevertheless if HIV-positive pregnant women or their family members are being treated then records need to be maintained to document who received ARVs (Table 4.2.2b).

Perhaps due to the small number of clients, records of HIV-positive women who received therapeutic ARV or family members who received ARV, records were not observed. This might be an area for Nevis to explore developing as the health system begins to see more patients and needs to scale up to accommodate and track these patients.

Table 4.2.2b: Availability of service records for PMTCT+ services¹ among those public facilities that offer any PMTCT+ services, HSPA Nevis 2006

Number of facilities	Number of facilities offering PMTCT+ services	Number of sites offering PMTCT + services ²	Percentage of facilities		
			Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+3	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit
7	0	0	NA	NA	NA

¹Facility offers ARV therapy for HIV infected women and their families.

²Number of sites is unweighted.

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

CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

5.1 OVERVIEW

The youth population in the Caribbean is becoming increasingly susceptible to HIV and AIDS. According to several sources, “the face of HIV in the region has become increasingly young and female.”⁵⁰ Also, CAREC notes in the Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic from 1982–2002 that “73 percent of cases diagnosed are between 15 and 44 years, with close to 50 percent of these between 25 and 34 years. Young people and young adults are the most vulnerable group whether in or out of school, with young women aged 15 to 19 having characteristics of a distinct epidemic profile.”⁵¹

Since youth are a major target group in HIV and AIDS prevention and treatment, the HIV and AIDS Service Provision Assessment (HSPA) asked questions about youth and the provision of youth-friendly services (YFS). This indicator is defined using information from the facility providing voluntary counseling and testing (VCT) and/or prevention of mother-to-child transmission (PMTCT) services; and provider responses regarding general YFS that are available. If there are any written policies or guidelines for the YFS available, then HSPA investigates whether or not specific staff has received training in providing YFS. The HSPA also asked if YFS included a separate room and if there are discounts or waived fees for youth to make services more accessible.

5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

None of the 7 facilities in Nevis had youth-friendly HIV testing services. Hence, YFS policies/guidelines were not observed in any of the facilities, or there was at least one trained provider in YFS (Table 5.2). Having YFS sites/facilities available is paramount to reaching this at-risk population. Nevis, as other countries in the Caribbean, should also consider how to adapt, enhance, and scale up prevention programs. For example, programs might look to research findings based on the program experiences in Haiti. Although Haiti has a very different epidemiologic picture from Nevis, 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.⁵² Furthermore, targeting these strategies at young women and designing youth-friendly health services with a gendered lens is also imperative as the trend in HIV infection in the region is turning more toward young women.⁵³

⁵⁰ Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.

⁵¹ CAREC. 2004

⁵² 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.

⁵³ Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.



Table 5.2: Youth-friendly services for HIV/AIDS among public facilities, HSPA Nevis 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 ¹	All items for indicator ²
7	0	NA	NA	NA

¹Provider 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.

²Facility 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.”⁵⁴ Although YFS as an HIV prevention program might encounter some resistance due to cultural and social norms in the Caribbean, it may stem the spread of HIV within this major target group.

⁵⁴ Ibid.

CHAPTER 6: CONCLUSION

The HIV and AIDS Service Provision Assessment (HSPA) provides a mechanism for assessing capacity, availability of services, and training needs related to the goals and priority program areas outlined in the national strategic plan (NSP)⁵⁵ 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.

The seven public facilities surveyed in Nevis all had an HIV testing system, and four of them 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). 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 81 percent of the providers of this service trained in the last 3 years. The survey found that 47 percent of the providers of HIV- and AIDS-related services had a positive attitude toward people living with HIV and AIDS (PLHIV). There is a need to sensitize health care workers and better inform them so as to enable them to effectively work with HIV and AIDS clients.

The single facility offering care and support services (CSS) for HIV and AIDS clients has an HIV testing system in place, offers sexually transmitted infection (STI) services and diagnosis or treatment of tuberculosis (TB), but did not report offering malaria treatment. All seven of the public facilities reported following Direct Observed Treatment Short-course (DOTS) but only 14 percent had all first-line TB medicines available and just 29 percent had observed TB treatment protocol in all eligible service sites. The capacity of public facilities for preventing nosocomial infections was good, and the infrastructure for laboratory testing has attained a reasonable level for most tests. The facility offering CSS had at least two medicines for managing most opportunistic infections (OIs).

⁵⁵ UNGASS. 2006.



Although the HIV prevalence rate in Nevis is low, data from the HSPA show that almost all of public facilities provided some aspect of prevention of mother-to-child transmission (PMTCT) services with 71 percent of them providing pre- and post-test counseling and HIV testing services and family planning, counseling, or referral. However, antiretroviral medicine (ARV) prophylaxis for PMTCT and infant-feeding counseling were items that need to be scaled up.

While there was evidence of a good register system for HIV- and AIDS-related client diagnoses observed in any eligible outpatient or inpatient clinic units, the system for individual client appointments and confidentiality guidelines was weak. The seven public facilities offering voluntary counseling and testing (VCT) services all had observed records of service but only 43 percent routinely submitted reports on services. In the case of CSS and ART), there were no observed records for service and hence no routine record submission. This is particularly important in tracking clients receiving ART where no records were observed or routinely submitted. For example, 43 percent of the facilities offering PMTCT services had observable records of women attending antenatal clinics (ANCs) and who accepted HIV testing; 29 percent had records of women who received their HIV test results and 14 percent had records of women who received post-test counseling for HIV (by serostatus). The indication is that this is an area that can be strengthened, since it is important that routine record-keeping and guidelines be available in health facilities so as to maintain an optimum quality of service to clients.

More attention needs to be given to youth who should be a major target group in HIV and AIDS prevention and treatment programs. None of the seven facilities with an HIV testing system in Nevis had youth-friendly HIV testing services.

The HSPA has revealed strengths and weaknesses in HIV and AIDS services. There are systems in place to respond to the priority areas identified in the National Strategic Plan. It is expected that this report with its findings will serve as a resource that can be used to help Nevis in realizing its strategic goals.

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APPENDIX A: TABLES

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

Percentage of facilities¹ with an HIV testing system, and among these, percentage with the indicated items for counseling and testing (CT), by background characteristics, Nevis SPA 2006.

Background characteristics	Facility Type	Percentage of facilities with HIV testing system ²	Number of facilities	Percentage of facilities with indicated items:				Number of facilities with HIV testing system	Number of service sites with HIV testing system ⁶		
				HIV test available in facility or affiliated lab	HIV test available or record of results for testing conducted outside facility	Item observed in all relevant service sites in the facility	All items for indicator ⁵				
				Informed consent policy for HIV testing observed in all relevant service sites ³	Observed register with HIV test results	Observed record for clients receiving HIV test results ⁴					
	Hospital	100	1	100	100	0	0	0	1	6	
	Health Center	100	6	0	100	67	100	83	67	6	11
	Laboratory	100	1	0	0	0	0	0	0	1	1
	Other	50	2	100	100	0	100	100	0	1	3
	Authority										
	Government	100	7	14	100	57	86	71	57	7	17
	Non-governmental	67	3	50	50	0	50	50	0	2	4
	Tier										
	Advanced	100	2	50	50	0	0	0	0	2	7
	Basic	88	8	14	100	57	100	86	57	7	14
	Total	90	10	22	89	44	78	67	44	9	21

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

¹Facility is used to describe any health service facility or other non-home based site where services related to HIV/AIDS are offered.

²Facility 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.

³If national VCT guidelines are present, this is accepted as having a confidentiality policy, as this is specified in the guidelines.

⁴If rapid test is done, record with client identifier and results is sufficient.

⁵HIV 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.

⁶Within 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 2005

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, Nevis SPA 2006

Background characteristics	Percentage of facilities where:										Number of facilities with HIV testing system ⁴	Number of service sites with HIV testing system ⁵
	Facility has observed written policy for routine provision of pre and post test counseling for HIV testing ¹	Facility has at least one counselor trained in pre and post test counseling assigned to a HIV testing site	Item in all eligible sites					Observed system linking test results with pre and post test counseling	Visual and auditory privacy possible in all counseling areas	All items for indicator ³		
			Observed guidelines for content of pre and post test counseling ²	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record in each relevant unit for clients receiving pre and post test counseling	Observed system linking test results with pre and post test counseling	Visual and auditory privacy possible in all counseling areas					
Facility Type												
Hospital	100	100	0	0	0	0	0	0	0	0	1	6
Health Center	67	83	67	67	17	100	83	17	17	17	6	11
Laboratory	0	0	0	0	0	0	0	0	0	0	1	1
Other	100	0	0	0	0	0	0	0	0	0	1	3
Authority												
Government	71	86	57	57	14	86	71	14	14	14	7	17
Non-governmental	50	0	0	0	0	0	0	0	0	0	2	4
Tier												
Advanced	50	50	0	0	0	0	0	0	0	0	2	7
Basic	71	71	57	57	14	86	71	14	14	14	7	14
Total	67	67	44	44	11	67	56	11	11	11	9	21

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

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

²Pre test counseling may consist of general education for groups or individual client counseling.

³Facility 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.

⁴Facility 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.

⁵Within 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, Nevis SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS strategy	Number of sites offering CSS and TB service using DOTS strategy	
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy ¹		Observed client register for DOTS	TB treatment protocol in all eligible service sites	All first-line TB medicines available ²	All items for TB indicator ³			
Facility Type													
Hospital	100	1	100	100	100	1	0	0	0	100	0	1	2
Health Center	0	6	na	na	na	0	na	na	na	na	na	na	na
Laboratory	0	1	na	na	na	0	na	na	na	na	na	na	na
Other	100	2	100	50	50	2	0	100	0	0	0	1	1
Authority													
Government	14	7	100	100	100	1	0	0	0	100	0	1	2
Non-governmental	67	3	100	50	50	2	0	100	0	0	0	1	1
Tier													
Advanced	50	2	100	100	100	1	0	0	0	100	0	1	2
Basic	25	8	100	50	50	2	0	100	0	0	0	1	1
Total	30	10	100	67	67	3	0	50	0	50	0	2	3

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

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

²Any 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.

³Observed 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, Nevis SPA 2006.

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage reporting they follow indicated treatment strategy ¹			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
	Follow-up treatment only ³	Other strategies ⁴	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 ⁵	All items for TB indicator ⁶			
Facility Type									
Hospital	0	0	0	0	100	0	0	1	2
Health Center	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	0	0
Other	0	50	0	50	0	0	0	2	2
Authority									
Government	0	0	0	0	100	0	0	1	2
Non-governmental	0	50	0	50	0	0	0	2	2
Tier									
Advanced	0	0	0	0	100	0	0	1	2
Basic	0	50	0	50	0	0	0	2	2
Total	0	33	0	33	33	0	0	3	4

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

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

²Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

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

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

⁵Any 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.

⁶Observed 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, Nevis 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 ¹	Use sputum for TB diagnosis ²	Use X-ray for TB diagnosis		Among facilities offering CSS HIV/AIDS clients and diagnosing TB using sputum ² , percentage with:	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray	
Facility Type									
Hospital	100	100	100	1	0	0	0	1	100
Health Center	na	na	na	0	na	na	na	na	na
Laboratory	na	na	na	0	na	na	na	na	na
Other	100	0	0	2	na	na	na	0	na
Authority									
Government	100	100	100	1	0	0	0	1	100
Non-governmental	100	0	0	2	na	na	na	0	na
Tier									
Advanced	100	100	100	1	0	0	0	1	100
Basic	100	0	0	2	na	na	na	0	na
Total	100	33	33	3	0	0	0	1	100

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

¹Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

²Includes sputum microscopy, culture, or rapid test.

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

⁴Functioning 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, Nevis 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		
Facility Type							
Hospital	0	1	na	na	na	0	
Health Center	0	0	na	na	na	na	
Laboratory	0	0	na	na	na	na	
Other	0	2	na	na	na	0	
Authority							
Government	0	1	na	na	na	0	
Non-governmental	0	2	na	na	na	0	
Tier							
Advanced	0	1	na	na	na	0	
Basic	0	2	na	na	na	0	
Total	0	3	na	na	na	0	

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, Nevis 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 ¹	Condoms in any service area or pharmacy	All items for STI services ²		
Facility Type								
Hospital	100	1	0	100	100	0	1	3
Health Center	na	0	na	na	na	na	na	na
Laboratory	na	0	na	na	na	na	na	na
Other	100	2	100	0	100	0	2	2
Authority								
Government	100	1	0	100	100	0	1	3
Non-governmental	100	2	100	0	100	0	2	2
Tier								
Advanced	100	1	0	100	100	0	1	3
Basic	100	2	100	0	100	0	2	2
Total	100	3	67	33	100	0	3	5

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

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

²Observed 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, Nevis 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 ¹	
Facility Type						
Hospital	100	1	0	0	0	1
Health Center	0	6	na	na	na	0
Laboratory	0	1	na	na	na	0
Other	100	2	100	0	0	2
Authority						
Government	14	7	0	0	0	1
Non-governmental	67	3	100	0	0	2
Tier						
Advanced	50	2	0	0	0	1
Basic	25	8	100	0	0	2
Total	30	10	67	0	0	3

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

¹All 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, Nevis SPA 2006.

Background characteristic	Percentage of facilities with indicated items for infections control present in all relevant service areas ¹					Number of facilities	Number of eligible service sites
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution		
Facility Type							
Hospital	100	100	100	100	100	1	9
Health Center	100	100	100	83	83	6	13
Laboratory	100	100	100	100	100	1	2
Other	100	100	100	100	100	2	5
Authority							
Government	100	100	100	86	86	7	22
Non-governmental	100	100	100	100	100	3	7
Tier							
Advanced	100	100	100	100	100	8	11
Basic	100	100	100	88	88	2	18
Total	100	100	100	90	90	10	29

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

¹All 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, Nevis 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 ¹	All items for indicator ²	Number of facilities
		Disinfectant (bleach)	Needles/syringes				
Facility Type							
Hospital	100	100	100	100	100	100	1
Health Center	100	0	0	100	0	0	6
Laboratory	0	0	0	100	0	0	1
Other	0	100	100	100	100	0	2
Authority							
Government	100	14	14	100	14	14	7
Non-governmental	0	67	67	100	67	0	3
Tier							
Advanced	50	50	50	100	50	50	2
Basic	75	25	25	100	25	0	8
Total	70	30	30	100	30	10	10

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

¹Disinfectant, needles and syringes, and latex gloves are available in facility stores.

²Soap, 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, Nevis 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 ¹	
Facility Type				
Hospital	100	100	0	1
Health Center	17	0	100	6
Laboratory	0	0	100	1
Other	50	0	100	2
Authority				
Government	29	14	86	7
Non-governmental	33	0	100	3
Tier				
Advanced	50	50	50	2
Basic	25	0	100	8
Total	30	10	90	10

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

¹Hazardous 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, Nevis 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		
Facility Type							
Hospital	100	100	1	100	100	1	2
Health Center	0	0	6	na	na	na	na
Laboratory	0	0	1	na	na	na	na
Other	100	100	2	100	50	2	2
Authority							
Government	14	14	7	100	100	1	2
Non-governmental	67	67	3	100	50	2	2
Tier							
Advanced	50	50	2	100	100	1	2
Basic	25	25	8	100	50	2	2
Total	30	30	10	100	67	3	4

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, Nevis SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients with at least one medicine for managing the indicated conditions or with the indicated item								Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites	
	Topical fungal infection ¹	Bacterial pneumonia ²	Other bacterial infections ³	Vitamin supplementation ⁴	Management of chronic diarrhea ⁵	Basic management of pain ⁶	De-worming ⁷	Intravenous fluid for rehydration ⁸			Oral rehydration salts
Facility Type											
Hospital	100	100	100	100	100	100	100	100	100	100	2
Health Center	na	na	na	na	na	na	na	na	na	na	0
Laboratory	na	na	na	na	na	na	na	na	na	na	0
Other	0	0	0	0	0	0	0	0	0	0	2
Authority											
Government	100	100	100	100	100	100	100	100	100	100	2
Non-governmental	0	0	0	0	0	0	0	0	0	0	2
Tier											
Advanced	100	100	100	100	100	100	100	100	100	100	2
Basic	0	0	0	0	0	0	0	0	0	0	2
Total	33	33	33	33	33	33	33	33	33	33	4

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

¹Fluconazole or clotrimazole or ketoconazole or nystatin or Violet of Gentian.
²Amoxicillin or ampicillin or chloramphenicol
³Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin
⁴Iron or any multivitamin
⁵Loperamide or diphenylate or oral codeine
⁶Paracetamol or aspirin or ibuprofen
⁷Albendazole or mebendazole
⁸Normal 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, Nevis 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 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 ¹	Selectively offers ²	Routinely offers ³		Observed protocol for IPT for TB in all service sites ever offering IPT for TB	INH available		
Facility Type								
Hospital	0	100	0	1	0	100	1	2
Health Center	na	na	na	0	na	na	na	na
Laboratory	na	na	na	0	na	na	na	na
Other	0	50	0	2	100	0	1	1
Authority								
Government	0	100	0	1	0	100	1	2
Non-governmental	0	50	0	2	100	0	1	1
Tier								
Advanced	0	100	0	1	0	100	1	2
Basic	0	50	0	2	100	0	1	1
Total	0	67	0	3	50	50	2	3

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.
¹At 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.
²At least one site in the facility offers preventive TB therapy sometimes, but no site provides it routinely.
³At 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, Nevis SPA 2006.

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients		Among facilities routinely offering preventive CPT, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer CPT	Number of service sites that report they ever offer CSS and CPT
	Routinely refers clients elsewhere ¹	Selectively offers ²	Routinely offers ³	Observed protocol for CPT in all service sites ever offering CPT	Co-trimoxazole available				
Facility Type									
Hospital	0	100	0	1	0	100	1	2	
Health Center	na	na	na	0	na	na	na	na	
Laboratory	na	na	na	0	na	na	na	na	
Other	0	50	50	2	50	0	2	2	
Authority									
Government	0	100	0	1	0	100	1	2	
Non-governmental	0	50	50	2	50	0	2	2	
Tier									
Advanced	0	100	0	1	0	100	1	2	
Basic	0	50	50	2	50	0	2	2	
Total	0	67	33	3	33	33	3	4	

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

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

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

³At 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, Nevis SPA 2006.

Background characteristic	Percentage of facilities with				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 ¹	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility		
Facility Type						
Hospital	0	100	0	0	1	4
Health Center	na	na	na	na	0	0
Laboratory	na	na	na	na	0	0
Other	0	0	0	0	2	2
Authority						
Government	0	100	0	0	1	4
Non-governmental	0	0	0	0	2	2
Tier						
Advanced	0	100	0	0	1	4
Basic	0	0	0	0	2	2
Total	0	33	0	0	3	6

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

¹Within 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 1.5e CSPA 2006

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, Nevis 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 ⁹	Number of facilities offering CSS for HIV/AIDS clients		
				Cryptococcal fungal ¹	Bacterial respiratory infection ²	Other bacterial infection ³	Herpes ⁴	Parasites ⁵	Herpes ophthalmic infection ⁶	AIDS dementia complex ⁷			Pain ⁸	
Facility Type														
Hospital	100	1	100	0	100	100	0	100	100	100	100	100	0	1
Health Center	0	6	na	na	na	na	na	na	na	na	na	na	na	0
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	na	0
Other	100	2	0	0	0	0	0	0	0	0	0	0	0	2
Authority														
Government	14	7	100	0	100	100	0	100	100	100	100	100	0	1
Non-governmental	67	3	0	0	0	0	0	0	0	0	0	0	0	2
Tier														
Advanced	50	2	100	0	100	100	0	100	100	100	100	100	0	1
Basic	25	8	0	0	0	0	0	0	0	0	0	0	0	2
Total	30	10	33	0	33	33	0	33	33	33	33	33	0	3

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

¹Amphotericin B, fluconazole, Itraconazole, and Ketoconazole

²Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone

³Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin

⁴Acyclovir and gancyclovir

⁵Metronidazole, tinidazole, nalidixic acid, and cotrimoxazole

⁶One of: Acyclovir ophthalmic or acyclovir oral

⁷Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone

⁸One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codein, diclofenac injectable, dipyrone injectable, oral morphine)

⁹Fortified 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, Nevis 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 ¹										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 ²		
Facility Type																	
Hospital	100	1	100	0	100	100	100	100	100	100	100	0	0	0	0	0	1
Health Center	0	6	na	na	na	na	na	na	na	na	na	na	na	na	na	na	0
Laboratory	0	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na	0
Other	100	2	0	0	50	50	50	50	50	50	50	0	0	0	50	0	2
Authority																	
Government	14	7	100	0	100	100	100	100	100	100	100	0	0	0	0	0	1
Non-governmental	67	3	0	0	50	50	50	50	50	50	50	0	0	0	50	0	2
Tier																	
Advanced	50	2	100	0	100	100	100	100	100	100	100	0	0	0	0	0	1
Basic	25	8	0	0	50	50	50	50	50	50	50	0	0	0	50	0	2
Total	30	10	33	0	67	67	67	67	67	67	67	67	0	0	67	33	3

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

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

² 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, Nevis 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			
Facility Type							
Hospital	0	0	0	0	0	1	4
Health Center	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	0	0
Other	100	100	100	100	100	2	2
Authority							
Government	0	0	0	0	0	1	4
Non-governmental	100	100	100	100	100	2	2
Tier							
Advanced	0	0	0	0	0	1	4
Basic	100	100	100	100	100	2	2
Total	67	67	67	67	67	3	6

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

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, Nevis 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
			Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	ART treatment guidelines:			
							National ART treatment guidelines for (adults and pediatric)	Other ART treatment guidelines for adults		
Facility Type										
Hospital	100	1	100	100	0	100	100	0	1	3
Health Center	0	6	na	na	na	na	na	na	0	0
Laboratory	0	1	na	na	na	na	na	na	0	0
Other	100	2	100	100	100	100	50	100	2	2
Authority										
Government	14	7	100	100	0	100	100	0	1	3
Non-governmental	67	3	100	100	100	100	50	100	2	2
Tier										
Advanced	50	2	100	100	0	100	100	0	1	3
Basic	25	8	100	100	100	100	50	100	2	2
Total	30	10	100	100	67	100	67	67	3	5

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, Nevis SPA 2006.

Background characteristics	ART medicines		Up-to-date pharmacy stock cards for ARVs	ARVs storage		Lab capacity for monitoring ART ¹	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			
Facility Type								
Hospital	100	100	100	0	0	100	1	3
Health Center	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	0	0
Other	100	50	50	100	100	50	2	2
Authority								
Government	100	100	100	0	0	100	1	3
Non-governmental	100	50	50	100	100	50	2	2
Tier								
Advanced	100	100	100	0	0	100	1	3
Basic	100	50	50	100	100	50	2	2
Total	100	67	67	67	67	67	3	5

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

¹Lab 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, Nevis 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 ¹
			Observed record system for individual client appointments for ART clients	Individual client record/chart for ART clients	ART services	Counseling for adherence to ARV drug therapy				
Facility Type										
Hospital	100	100	0	0	0	0	0	0	1	3
Health Center	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	100	50	0	0	0	0	0	0	2	2
Authority										
Government	100	100	0	0	0	0	0	0	1	3
Non-governmental	100	50	0	0	0	0	0	0	2	2
Tier										
Advanced	100	100	0	0	0	0	0	0	1	3
Basic	100	50	0	0	0	0	0	0	2	2
Total	100	67	0	0	0	0	0	0	3	5

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

¹ART 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 2.4 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, Nevis 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						With 24-hour regular electric supply	A functioning client toilet for inpatients	Running water in all inpatient client units	All items for indicator ¹				
			Counseling and testing (CT) services for HIV	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Antiretroviral therapy (ART)								
Facility Type																
Hospital	100	1	100	0	100	100	100	100	100	100	100	100	100	100	1	3
Health Center	0	6	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	2	na	na	na	na	na	na	na	na	na	na	na	na	0	0
Authority																
Government	14	7	100	0	100	100	100	100	100	100	100	100	100	100	1	3
Non-governmental	0	3	na	na	na	na	na	na	na	na	na	na	na	na	0	0
Tier																
Advanced	50	2	100	0	100	100	100	100	100	100	100	100	100	100	1	3
Basic	0	8	na	na	na	na	na	na	na	na	na	na	na	na	0	0
Total	10	10	100	0	100	100	100	100	100	100	100	100	100	100	1	3

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

¹Facility 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, Nevis 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 ¹			
							Locked and stored apart from other ARVs	Locked and stored with other medicines		
Facility Type										
Hospital	100	1	0	0	0	0	0	0	1	2
Health Center	100	6	0	0	0	0	0	0	6	6
Laboratory	0	1	na	na	na	na	na	na	0	0
Other	100	2	50	0	0	100	0	100	2	3
Authority										
Government	100	7	0	0	0	0	0	0	7	8
Non-governmental	67	3	50	0	0	100	0	100	2	3
Tier										
Advanced	50	2	0	0	0	0	0	0	1	2
Basic	100	8	13	0	0	25	0	25	8	9
Total	90	10	11	0	0	22	0	22	9	11

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

¹ARVs 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, Nevis SPA 2006.

Background characteristics	Among facilities offering counseling and testing for HIV, percentage		Number of facilities offering counseling and testing		Among facilities offering antiretroviral (ARV) therapy (ART), percentage		Number of facilities offering ART		Among facilities offering any care and support services for HIV/AIDS clients, percentage		Among facilities offering CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services offered ¹ , 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	With 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				
Facility Type												
Hospital	100	100	0	0	0	0	1	0	0	0	0	1
Health Center	100	33	na	na	na	na	0	na	na	na	na	0
Laboratory	0	0	na	na	na	na	0	na	na	na	na	0
Other	100	0	0	0	0	0	2	0	50	0	0	2
Authority												
Government	100	43	0	0	0	0	1	0	0	0	0	1
Non-governmental	50	0	0	0	0	0	2	0	50	0	0	2
Tier												
Advanced	50	50	0	0	0	0	1	0	0	0	0	1
Basic	100	29	0	0	0	0	2	0	50	0	0	2
Total	89	33	0	0	0	0	9	0	33	0	0	3

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

¹ 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, Nevis 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 ¹	All items for indicator ²	
Facility Type						
Hospital	0	1	na	na	na	0
Health Center	0	6	na	na	na	0
Laboratory	0	1	na	na	na	0
Other	100	1	0	100	0	1
Authority						
Government	0	7	na	na	na	0
Non-governmental	50	2	0	100	0	1
Tier						
Advanced	0	2	na	na	na	0
Basic	14	7	0	100	0	1
Total	11	9	0	100	0	1

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.
¹Provider 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.
²Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

Formerly labeled at Indicator 5.

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, Nevis 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 ¹		
		Can name a HC site where clients can be referred	Have an observed written referral form for client referral					
Facility Type								
Hospital	100	0	0	100	100	100	1	4
Health Center	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	0	0
Other	50	100	50	50	0	0	2	2
Authority								
Government	100	0	0	100	100	100	1	4
Non-governmental	50	100	50	50	0	0	2	2
Tier								
Advanced	100	0	0	100	100	100	1	4
Basic	50	100	50	50	0	0	2	2
Total	67	67	33	67	33	33	3	6

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

¹Provider 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, Nevis 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 ¹	ARV therapeutic treatment for HIV+ women and family	All items for PMTCT+ ²			
Facility Type												
Hospital	100	1	100	100	100	100	100	100	0	0	1	3
Health Center	100	6	67	17	67	0	0	0	0	0	6	6
Laboratory	0	1	na	na	na	na	na	na	na	na	0	0
Other	100	2	100	100	100	50	100	50	50	50	2	2
Authority												
Government	100	7	71	29	71	14	71	14	0	0	7	9
Non-governmental	67	3	100	50	100	50	100	50	50	50	2	2
Tier												
Advanced	50	2	100	100	100	100	100	100	0	0	1	3
Basic	100	8	75	25	75	13	75	13	13	13	8	8
Total	90	10	78	33	78	22	78	22	11	11	9	11

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

¹Components 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.

²All 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, Nevis 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			
Facility Type										
Hospital	100	1	100	0	0	0	0	0	1	3
Health Center	100	6	33	33	17	0	0	0	6	6
Laboratory	0	1	na	na	na	na	na	na	0	0
Other	100	2	50	50	50	50	50	50	2	2
Authority										
Government	100	7	43	29	14	0	0	0	7	9
Non-governmental	67	3	50	50	50	50	50	50	2	2
Tier										
Advanced	50	2	100	0	0	0	0	0	1	3
Basic	100	8	38	38	25	13	13	13	8	8
Total	90	10	44	33	22	11	11	11	9	11

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, Nevis 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+ ¹		
Facility Type						
Hospital	0	1	na	na	0	0
Health Center	0	6	na	na	0	0
Laboratory	0	1	na	na	0	0
Other	50	2	100	100	1	1
Authority						
Government	0	7	na	na	0	0
Non-governmental	33	3	100	100	1	1
Tier						
Advanced	0	2	na	na	0	0
Basic	13	8	100	100	1	1
Total	10	10	100	100	1	1

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

¹All 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, Nevis SPA 2006.

Background characteristic	Percentage with indicated TB activities			Number of facilities	Among facilities following DOTS strategy for TB, percentage with				Number of facilities following DOTS strategy for TB	Number of sites offering TB service using DOTS strategy
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy ¹		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available ²	All items for TB indicator ³		
Facility Type										
Hospital	100	100	100	1	0	0	100	0	1	2
Health Center	100	100	100	6	0	33	0	0	6	6
Laboratory	0	0	0	1	na	na	na	na	0	0
Other	100	50	50	2	0	100	0	0	1	1
Authority										
Government	100	100	100	7	0	29	14	0	7	8
Non-governmental	67	33	33	3	0	100	0	0	1	1
Tier										
Advanced	50	50	50	2	0	0	100	0	1	2
Basic	100	88	88	8	0	43	0	0	7	7
Total	90	80	80	10	0	38	13	0	8	9

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

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

²Any 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.

³Observed 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, Nevis SPA 2006.

Background characteristic	Among facilities offering any TB services, percentage following indicated treatment strategy ¹			Among facilities offering any TB services, percentage with				Number of facilities offering any TB services	Number of sites offering TB services
	DOTS ²	Follow-up treatment only ³	Other strategies ⁴	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 ⁵	All items for TB indicator ⁶		
Facility Type									
Hospital	100	0	0	0	0	100	0	1	2
Health Center	100	0	0	0	33	0	0	6	6
Laboratory	na	na	na	na	na	na	na	0	0
Other	50	0	50	0	50	0	0	2	2
Authority									
Government	100	0	0	0	29	14	0	7	8
Non-governmental	50	0	50	0	50	0	0	2	2
Tier									
Advanced	100	0	0	0	0	100	0	1	2
Basic	88	0	13	0	38	0	0	8	8
Total	89	0	11	0	33	11	0	9	10

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

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

²Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

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

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

⁵Any 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.

⁶Observed 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 5.1c Resources and supplies for diagnosing tuberculosis

Among all facilities, percentage offering TB diagnosis, and having the indicated elements for diagnosis, by background characteristics, Nevis 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 ¹	Use sputum for TB diagnosis ²	Use X-ray for TB diagnosis		Among facilities diagnosing TB using sputum ² , percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	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 ³			
Facility Type										
Hospital	100	100	100	1	0	0	0	1	100	1
Health Center	100	17	17	6	0	0	0	1	0	1
Laboratory	0	0	0	1	na	na	na	0	na	0
Other	100	0	0	2	na	na	na	0	na	0
Authority										
Government	100	29	29	7	0	0	0	2	50	2
Non-governmental	67	0	0	3	na	na	na	0	na	0
Tier										
Advanced	50	50	50	8	0	0	0	1	100	1
Basic	100	13	13	2	0	0	0	1	0	1
Total	90	20	20	10	0	0	0	2	50	2

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

¹Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

²Includes sputum microscopy, culture, or rapid test.

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

⁴Functioning 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, Nevis 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		
Facility Type							
Hospital	0	1	na	na	na	0	
Health Center	0	6	na	na	na	0	
Laboratory	0	1	na	na	na	0	
Other	0	2	na	na	na	0	
Authority							
Government	0	7	na	na	na	0	
Non-governmental	0	3	na	na	na	0	
Tier							
Advanced	0	2	na	na	na	0	
Basic	0	8	na	na	na	0	
Total	0	10	na	na	na	0	

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, Nevis 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 ¹	Condoms in any service area or pharmacy	All items for STI services ²		
Facility Type								
Hospital	100	1	0	100	100	1	3	
Health Center	100	6	0	0	100	6	6	
Laboratory	0	1	na	na	na	0	0	
Other	100	2	100	0	100	2	2	
Authority								
Government	100	7	0	14	100	7	9	
Non-governmental	67	3	100	0	100	2	2	
Tier								
Advanced	50	2	0	100	100	1	3	
Basic	100	8	25	0	100	8	8	
Total	90	10	22	11	100	9	11	

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

¹At 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).

²Observed 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, Nevis 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 ¹	
Facility Type				
Hospital	0	0	0	1
Health Center	33	83	0	6
Laboratory	0	0	0	1
Other	100	0	0	2
Authority				
Government	29	71	0	7
Non-governmental	67	0	0	3
Tier				
Advanced	0	0	0	2
Basic	50	63	0	8
Total	40	50	0	10

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

¹All 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

**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: _____ 010 Name of the interviewer: _____	<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> INTERVIEWER CODE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <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								
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 <input style="width: 100px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> COUNTRY FACILITY </div>
013 LATITUDE	DEGREES/DECIM b <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> c <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
014 LONGITUDE	DEGREES/DECIM b <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> c <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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

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COUNTRY DISTRICT

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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

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

INPATIENT (IPD) UNITS

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

	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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
			OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM	
TOTAL QRES COMPLETED			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL HEALTH WORKER INTERVIEW QRES			<input type="checkbox"/>								

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

STAFF LISTING FORM

INTERVIEWER CODE

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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										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	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER (SPECIFY)		YES
line	unit	ENTER NUMBER												
			01											
			02											
			03											
			04											
			05											
			06											
			07											
			08											
			09											
			10											
			11											
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			19											
			20											
			21											
			22											
			23											
			24											
			25											

*Provider Qualification Code: **01=Specialist/Consultant Physician 02=Physician/Medical Doctor 03=Medical Officer 04=Intern 05=Nurse-Midwife 06=Nurse 07=Midwife 08=Family Nurse Practitioner 09=Nursing Assistant 10=Clinic Aide 11=PH/Community Health Nurse 12=Community Health Worker 13=Community Health Aide 14=District Health Visitor 15=Health Educator 16=Lab Technician/Technologist 17=Lab Assistant 18=Social Worker 19=HIV/AIDS Counselor 20=Other Counselor 21=Psychologist 22=Nutritionist 23=Other (write in)**

STAFF LISTING FORM

INTERVIEWER CODE

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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													
			31													
			32													
			33													
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			47													
			48													
			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)

STAFF LISTING FORM

INTERVIEWER CODE

FACILITY CODE

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER		PROVIDER CODE AND NAME	SERVICE RELATED TO HIV/AIDS							LAB	TB	DELIVERY	OTHER	INDIVIDUAL HW INTERVIEW COMPLETE
line	unit	STAFF LINE # WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL	HIV TEST	PMTCT	ART	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER	YES	
			ENTER NUMBER		PRESCRIBE DRAW BLOOD OR DO TEST									
		51												
		52												
		53												
		54												
		55												
		56												
		57												
		58												
		59												
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		61												
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		69												
		70												
		71												
		72												
		73												
		74												
		75												

*Provider **01**=Specialist/Consultant Physician **02**=Physician/Medical Doctor **03**=Medical Officer **04**=Intern **05**=Nurse-Midwife **06**=Nurse
 Qualification **07**=Midwife **08**=Family Nurse Practitioner **09**=Nursing Assistant **10**=Clinic Aide **11**=PH/Community Health Nurse **12**=Community Health Worker
 Code: **13**=Community Health Aide **14**=District Health Visitor **15**=Health Educator **16**=Lab Technican/Technologist **17**=Lab Assistant
18=Social Worker **19**=HIV/AIDS Counselor **20**=Other Counselor **21**=Psychologist **22**=Nutritionist **23**=Other (write in)

STAFF LISTING FORM

INTERVIEWER CODE

FACILITY CODE

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS							COUNTRY	DISTRICT	FACILITY	INDIVIDUAL HW INTERVIEW COMPLETE	
	STAFF LINE #	WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL	HIV TEST PRESCRIBE DRAW BLOOD OR DO TEST	PMTCT	ART	CLINICAL	LAB					TB
line	unit	ENTER NUMBER	YES											
			71											
			72											
			73											
			74											
			75											
			76											
			77											
			78											
			79											
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			89											
			90											
			91											
			92											
			93											
			94											
			95											

*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	
	QUALIFICATION				
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																																				
		(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH																																					
25	Pharmacist	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																					
26	Pharmacy assistant	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																						
27	All other staff with clinical training or providing client services (e.g., radiologist, dietician, dentist, surgical/anesthetic staff, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																						
104	<p>SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).</p> <p>You have told me that there are (TOTAL STAFF) with clinical training or providing client services assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.</p>	<p>TOTAL ASSIGNED CLINICAL/CLIENT SERVICE STAFF</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
105	<p>In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services?</p> <p>This might include seconded staff from other organizations or volunteers.</p>	<p>YES 1</p> <p>NO 2</p>			→ 108																																				
106	<p>Please tell me the number of staff of each of the qualifications I will mention that are seconded to this facility, both the number providing HIV/AIDS related services and the number providing other services.</p> <p>01 Doctor</p> <p>02 Intern</p> <p>03 Nurse</p> <p>04 Midwife</p> <p>05 Nursing assistant</p> <p>06 Laboratory technician</p> <p>07 Laboratory assistant</p> <p>08 Counselor</p> <p>09 Community worker</p> <p>10 Other client service staff</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="2">SERVICES</th> </tr> <tr> <th></th> <th>HIV/AIDS ONLY</th> <th>NOT ONLY HIV/AIDS</th> </tr> </thead> <tbody> <tr> <td>DOCTOR</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>INTERN</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>NURSE</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>MIDWIFE</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>NURSING ASSISTANT</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>LAB TECHNICIAN</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>LAB ASSISTANT</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>COUNSELOR</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>COMM WORKER</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>OTHER CLIENT SERVICE PROVIDERS</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	DOCTOR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	INTERN	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	NURSE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	MIDWIFE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	NURSING ASSISTANT	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	LAB TECHNICIAN	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	LAB ASSISTANT	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	COUNSELOR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	COMM WORKER	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	OTHER CLIENT SERVICE PROVIDERS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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OTHER CLIENT SERVICE PROVIDERS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																							
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	<p>TOTALS</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
108	Among all staff (either assigned or seconded) how many are foreign ? (FOREIGN = NON-CARICOM EXCEPT SURINAME)	<p>TOTAL FOREIGN SERVICE PROVIDERS</p> <input type="text"/> <input type="text"/>																																							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
109	Does the facility have a computer? (REPORTED RESPONSE IS ACCEPTABLE) IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING 1 YES, NOT FUNCTIONING 2 NO 3	→ 111
110	Is there access to email/internet within the facility? IF NOT FUNCTIONING, ASK ABOUT EMAIL ACCESS WHEN COMPUTER FUNCTIONS	YES 1 NO 2	
111	Does the facility have a functioning telephone or 2-way radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)	YES, TELEPHONE 1 YES, 2-WAY RADIO 2 ONLY PERSONAL CELL, PAY OR OFF-SITE BORROWED PHONE 3 NO 4	
112	Does this facility have a stand-by or back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE 2 YES, BUT NOT FUNCTIONING 3 NO GENERATOR 4	
113	Does this facility ever obtain electricity from any non-generator source?	YES CENTRAL SUPPLY 1 YES, SOLAR OR OTHER SUPPLY 2 NO 3	→ 116
114	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS/ALMOST ALWAYS AVAILABLE ... 1 SOMETIMES INTERRUPTED 2 ELECTRICITY ONLY AFTER DARK 3	→ 116
115	IF SOMETIMES INTERRUPTED, ASK: How many <i>days</i> during the past week was the electricity <u>not</u> available for at least 2 hours?	NUMBER OF DAYS NOT AVAILABLE IN PAST WEEK <input type="text"/> NEVER INTERRUPTED 2 HOURS OR MORE 0	
116	What is the most commonly used source of water for washing hands and other items in the facility? (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE, SUCH AS PROTECTED WELL OR BOREHOLE ... 01 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE 02 PIPED FROM UNKNOWN SOURCE 03 PROTECTED STAND-PIPE (WELL/BOREHOLE) 04 UNPROTECTED STAND-PIPE (WELL/BOREHOLE) 05 RAINWATER PROTECTED 06 RAINWATER UNPROTECTED 07 RIVER OR LAKE OR POND 08 OTHER _____ 09 SPECIFY DON'T KNOW 98	
117	Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE	YES, INSIDE FACILITY 1 YES, OUTSIDE FACILITY 2 NO 3	
118	Is the water supply for this facility sometimes interrupted or always available?	SOMETIMES INTERRUPTED 1 ALWAYS AVAILABLE 2	→ 128
119	How many days in the last 6 months was water unavailable?	DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
120-121 QUESTIONS DELETED			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
128	Are new staff, who work with HIV/AIDS clients in any capacity, routinely given written or verbal instruction in confidentiality and disclosure of HIV test results or client status?	YES, WRITTEN IN CONTRACT 1 YES, NOT WRITTEN IN CONTRACT 2 NO 3 DON'T KNOW 8	
129	Do you have any staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY 1 NO TRAINED COUNSELOR IN FACILITY 2 DON'T KNOW 8	
POST EXPOSURE PROPHYLAXIS			
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
141	After cleaning, which are the final processing methods most commonly used for disinfecting syringes and needles ?	YES	NO	DON'T KNOW	
01	Use disposables only	1	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		
142	After cleaning, what are the final processes most commonly used for sterilizing or disinfecting medical equipment , such as surgical instruments, before they are reused, and where are they done?	(a)			
01	No equipment sterilized or disinfected	YES	NO	DON'T KNOW	
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	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)							
	ITEM	(a) ITEM AVAILABLE				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → b	2 → b	3 ↘ 02 ←	8 ↘ 02 ←	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1 → b	2 → b	3 ↘ 03 ←	8 ↘ 03 ←	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 ↘ 04 ←	8 ↘ 04 ←	1	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 ↘ 05 ←	8 ↘ 05 ←	1	2	8
05	Non-electric pot with cover (FOR STEAM/BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1 → b	2 → b	3 ↘ 07 ←	8 ↘ 07 ←	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 ↘ 08 ←	8 ↘ 08 ←	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete	1	2	3	8			
09	Written protocols or guidelines for ster- ilization or disinfection	1	2	3	8			
144	ASK TO SEE WHERE ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED REPORTED, NOT SEEN NO/ NOT APPLICABLE DON'T KNOW						
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1 2 3 8						
02	Stored in sterile container with lid that clasps shut	1 2 3 8						
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1 2 3 8						
04	On tray, covered with cloth/paper or wrapped without sealing tape	1 2 3 8						
05	In container with disinfectant or antiseptic	1 2 3 8						
06	OTHER CLEAN	1 2 3 8						
07	OTHER, NOT CLEAN	1 2 3 8						
145	Date of sterilization written on packet or container with processed items	1 2 3 8						
146	Storage location dry and clean	1 2 3 8						

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 present today.</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 ONLY 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>TESTING IN THIS FACILITY 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 BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF E BY LAB STAFF OR TECHNICIAN F BY EXTERNAL VCT/PMTCT STAFF G CLIENT SENT TO LAB H TESTING OUTSIDE FACILITY: 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 to another facility for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.</p>	<p>YES, OBSERVED 1 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, including family , 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 clinical care services 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 clinical services for HIV/AIDS 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
		SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY			
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.						
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5	
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	3	4	5	
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5	
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5	
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
06	Fortified protein supplementation (FPS)	1	2	3	4	5	
07	Prescribe ARV therapy?	1 → ART QRE	2	3	4	5	
08	Provide follow-up services for clients on antiretroviral treatment [THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 → ART QRE	2	3	4	5	
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
10	Other HIV/AIDS services _____ SPECIFY	1	2	3	4	5	
225	For each service I mention, please tell me whether you routinely offer it to your clients. By routinely I mean the service is offered to every client who is identified as possible HIV infected. PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED					NO SERVICE NO REFERRAL
		ROUTINELY			SELECTIVELY		
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER		
01	Test or screen for tuberculosis	1	2	3	4	5	
02	Preventive treatment for TB (Isoniazid or INH)	1	2	3	4	5	
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia.	1	2	3	4	5	
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5	

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

NO.	QUESTIONS	CODING CATEGORIES				GO TO
228	For each specialty support service I mention, please tell me if you offer it to clients either in this facility or through referral. PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE THIS FACILITY	YES, CLIENT REFERRED OUTSIDE AND LIST OF REFERRAL SITES AVAILABLE		NO SERVICE NO REFERRAL	
	OBSERVED		NOT SEEN, AND PROVIDER			
			CAN NAME SITE	CANNOT NAME SITE		
01	Home-based care services for people living with HIV/AIDS (PLHA) and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional medicines (e.g. bushtea)	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
229	When you refer the client to another clinic/unit within the facility 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 to another facility 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																																																																																																												
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: 60px; 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		
POST EXPOSURE PROPHYLAXIS (PEP)			
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>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</p>					
259	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259a	IS THERE A PROCEDURE ROOM THAT IS DIFFERENT FROM THE PREVIOUSLY ASSESSED ROOM? IF YES, GO TO THAT ROOM AND ASSESS.	YES	1		→ 259c
		NONE	2		
259b	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
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18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
259c	Is this the main outpatient clinic/unit?	YES	1		→ 260
		NO	2		
259d	IS THERE A SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY	1		→ 260
		DENTAL	2		
		NONE	3		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259e	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
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19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
259f	IS THERE AN OTHER SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY 1 DENTAL 2 NONE 3			→ 260

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259g	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
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	
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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																																
STERILIZATION AND HIGH-LEVEL DISINFECTING																																			
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION																																			
260	<p>What procedure is used for decontaminating and cleaning syringes or equipment before its final processing for reuse?</p> <p>PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.</p>	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 → 271 NONE 95 → 261 DON'T KNOW 98																																	
260a	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																																	
261	Where are reusable syringes or used equipment from this clinic/unit most commonly sterilized or disinfected before being reused again?	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY 1 → 271 THIS CLINIC/UNIT 2 → 263 OTHER CLINIC/UNIT THIS FACILITY 3 ENTER CLINIC/UNIT LINE AND NUMBER <table border="1" data-bbox="1159 982 1409 1045" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SEND TO OTHER FACILITY 4 → 271 OTHER _____ . . 6 → 271 (SPECIFY) NO ITEMS EVER STERILIZED OR DISINFECTED FOR REUSE 7 → 271																																	
262	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES 1 → 271 NO 2																																	
263	After cleaning, which are the final processing methods most commonly used for disinfecting syringes and needles?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>01 Use disposables only</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Dry heat sterilization</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Autoclave</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Steam</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Boiling</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Chemical method</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>07 Other _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">///////// /////////</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	01 Use disposables only	1	2	8	02 Dry heat sterilization	1	2	8	03 Autoclave	1	2	8	04 Steam	1	2	8	05 Boiling	1	2	8	06 Chemical method	1	2	8	07 Other _____ (SPECIFY)	1	2	///////// /////////	
	YES	NO	DON'T KNOW																																
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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
264	After cleaning, what are the final processes most commonly used for sterilizing or disinfecting medical equipment , 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						
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER								
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>			:			THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.	
		:						

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
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, including family , 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 clinical care services 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 clinical services for HIV/AIDS 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.	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 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;">SERVICE OFFERED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">ROUTINELY</th> <th colspan="1" style="text-align: center;">SELECTIVELY</th> <th rowspan="3" style="text-align: center;">NO SERVICE NO REFERRAL</th> </tr> <tr> <th colspan="2" style="text-align: center;">TO INPATIENTS</th> <th colspan="2" style="text-align: center;">CLIENT REFERRED ON DISCHARGE</th> <th rowspan="2" style="text-align: center;">SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)</th> </tr> <tr> <th style="text-align: center;">INPATIENT UNIT BY PROVIDERS IN THIS UNIT</th> <th style="text-align: center;">ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT</th> <th style="text-align: center;">THIS FACILITY</th> <th style="text-align: center;">OTHER FACILITY</th> </tr> </thead> </table>					ROUTINELY				SELECTIVELY	NO SERVICE NO REFERRAL	TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)	INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY	
ROUTINELY				SELECTIVELY	NO SERVICE NO REFERRAL																	
TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)																		
INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY																			
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6															
02	Preventive treatment for TB (INH)	1	2	3	4	5	6															
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia	1	2	3	4	5	6															
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6															
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	6															
06	Condom distribution for preventing further transmission of HIV/AIDS	1	2	3	4	5	6															
320	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	<p style="text-align: right;">YES 1</p> <p style="text-align: right;">NO 2</p>					→ 322															

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

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
322	For each specialty support service I mention, please tell me if you offer it to clients either in this clinic or through referral? PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE IN THIS FACILITY	YES, CLIENT REFERRED OUTSIDE FROM A LIST OF REFERRAL SITES		SERVICE NEVER OFFERED	
			NOT SEEN, AND PROVIDER			
OBSERVED	CAN NAME SITE		CANNOT NAME SITE			
01	Home-based care services for people living with HIV/AIDS (PLHA) and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support such as food, material, income generating projects and fee exemption, for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
323	When you refer the client to another clinic/unit within the facility , 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 to another facility for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 NO REFERRALS TO OTHER FACILITY 4	→ 328 → 328 → 329
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED 1 NO 2	→ 329 → 329
328	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) C WRITE NOTE/LETTER ON BLANK PAPER D OTHER _____ (SPECIFY) X NONE Y	
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES 1 NO 2	→ 340
331	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS UNIT.	UNIT REGISTER/RECORDS/ 1 UNIT COMPUTER 2 CENTRAL FACILITY REGISTER/RECORD 3 CENTRAL FACILITY COMPUTER 4 INFORMATION NOT RECORDED ANYWHERE 5	→ 336 → 336 → 336
332	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 NO DATE RECORDED 3 REGISTER NOT SEEN 4	→ 336

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																																																
333	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records.</p> <p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>	<p style="text-align: right;">NUMBER OF ADMISSIONS OR DISCHARGES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">01</td> <td style="width: 70%;">ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT)</td> <td style="width: 5%; text-align: center;"> </td> <td style="width: 5%; text-align: center;"> </td> <td style="width: 5%; text-align: center;"> </td> <td style="width: 5%; text-align: center;"> </td> <td style="width: 5%; text-align: center;"> </td> <td style="width: 5%; text-align: center;"> </td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>03</td> <td>KAPOSII'S SARCOMA</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNII PNEUMONIA)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>07</td> <td>PNEUMONIA (ABOVE 5 YEARS OF AGE)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____</td> <td style="width: 15%;">NUMBER OF ADMISSIONS OR DISCHARGES</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </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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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 style="padding-left: 20px;">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 diagnosis of HIV/AIDS?	ADULTS, HIV/AIDS <input type="text"/> <input type="text"/> DON'T KNOW 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed diagnosis of HIV/AIDS?	PEDIATRICS, HIV/AIDS <input type="text"/> <input type="text"/> DON'T KNOW 98	
03	How many inpatients age 15 years or older are there today in total, including all diagnoses?	ADULTS, TOTAL <input type="text"/> <input type="text"/> DON'T KNOW 98	
04	How many inpatients younger than 15 years are there today in total, including all diagnoses?	PEDIATRICS, TOTAL <input type="text"/> <input type="text"/> DON'T KNOW 98	
341	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS A VERBAL FROM STAFF IN INPATIENT UNITS B NO INFORMATION AVAILABLE Y	
342-344 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 decontaminating and cleaning 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 final processing methods most commonly used for disinfecting syringes and needles ?	YES	NO	DON'T KNOW	
01	Use disposables only	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 final processes most commonly used for sterilizing or disinfecting medical equipment , 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		
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)								
362	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 ↙ 02 ↘	8 ↙ 02 ↘	1	2	8
02	Non-electric autoclave (PRESSURE /WET HEAT)	1 → 02b	2 → 02b	3 ↙ 03 ↘	8 ↙ 03 ↘	1	2	8
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 ↙ 04 ↘	8 ↙ 04 ↘	1	2	8
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 ↙ 05 ↘	8 ↙ 05 ↘	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 ↙ 07 ↘	8 ↙ 07 ↘	1	2	8
07	Automatic timer	1 → 07b	2 → 07b	3 ↙ 08 ↘	8 ↙ 08 ↘	1	2	8
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
09	Written guidelines for processing	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW			
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1	2	3	8			
02	Stored in sterile container with lid that clasps shut	1	2	3	8			
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8			
04	On tray, covered with cloth/paper or wrapped without sealing tape	1	2	3	8			
05	In container with disinfectant or antiseptic	1	2	3	8			
06	OTHER CLEAN	1	2	3	8			
07	OTHER, NOT CLEAN	1	2	3	8			
364	Date of sterilization written on packet or container with processed items	1	2	3	8			
365	Storage location dry and clean	1	2	3	8			
366	QUESTION DELETED							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	<p>Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.</p> <p>How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	<p>BURNED IN INCINERATOR 02 BURNED AND BURIED 03 BURNED AND REMOVED TO OFFSITE LANDFILL 04 BURNED AND NOT BURIED 05 BURIED AND NOT BURNED 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE 08 REMOVED OFFSITE 09 NOT APPLICABLE 10 OTHER 96 _____ (SPECIFY)</p>	
368	<p>ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4</p>	
369	<p>How does this clinic/unit finally dispose of needles and other sharps?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	<p>SAME SITE AS OTHER WASTE (Q367) 01 BURNED IN INCINERATOR 02 BURNED AND BURIED 03 BURNED AND REMOVED TO OFFSITE LANDFILL 04 BURNED AND NOT BURIED 05 BURIED AND NOT BURNED 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE 08 REMOVED OFFSITE 09 NOT APPLICABLE 10 OTHER 96 _____ (SPECIFY)</p>	→ 371
370	<p>ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4</p>	
371	<p>CHECK Q367 AND Q369, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?</p>	<p>YES 1 NO 2</p>	→ 373
372	<p>How is the waste that is collected and removed offsite finally disposed?</p>	<p>INCINERATED 1 TAKEN TO LOCAL LANDFILL AND BURNED 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED 3 OTHER 6 _____ (SPECIFY) DON'T KNOW 8</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO					
373	ASSESS GENERAL CLEANLINESS OF UNIT. • A UNIT IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	UNIT CLEAN 1 UNIT NOT CLEAN 2						
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER								
374	RECORD THE TIME AT END OF INTERVIEW <table border="1" data-bbox="568 472 876 535" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></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
-----	---	---------------------------	--------

402	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 12 HOUR CLOCK	DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
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NO.	QUESTIONS	CODING CATEGORIES			GO TO
403	What is your current professional qualification? MARK HIGHEST QUALIFICATION	GENERAL CLERK	1		
		HEALTH STATISTICS	2		
		MEDICALLY TRAINED	3		
		OTHER _____ (SPECIFY)	6		
404	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL	1		→ 409
		YES, INFORMAL	2		
		NO	3		
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS, WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	1) NUMBER OF DAYS	<input type="text"/>	<input type="text"/>	→ 406
		2) NUMBER OF MONTHS	<input type="text"/>	<input type="text"/>	
406	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY	1		
		INFORMALLY, ON-THE-JOB	2		
		BOTH FORMALLY AND INFORMALLY	3		
407	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS	1		
		IN PAST 1-3 YEARS	2		
		MORE THAN 3 YEARS AGO	3		
408	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY	1		
		INFORMALLY, ON-THE-JOB	2		
409	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS	<input type="text"/>	<input type="text"/>	
410	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL	1		→ 412
		YES, INFORMAL	2		
		NO	3		
411	Who do you train in HMIS?	STAFF IN HMIS UNIT	1		
		STAFF IN SERVICE UNITS	2		
		STAFF IN HMIS AND SERVICE UNITS	3		
		OTHER _____ (SPECIFY)	6		
412	Do you have the following guidelines? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	HMIS reporting guidelines	1	2	3	
02	HIV/AIDS surveillance reporting guidelines	1	2	3	
03	National technical guidelines for integrated disease surveillance and response	1	2	3	
04	National HIV/AIDS reporting guidelines	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
413	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
01	Outpatient services	1	2	3	4
02	Inpatient services	1	2	3	4
03	Laboratory services	1	2	3	4
04	Respiratory/Tuberculosis services	1	2	3	4
05	HIV counseling and testing services	1	2	3	4
06	Antiretroviral treatment services	1	2	3	4
07	Prevention of mother-to-child transmission services	1	2	3	4
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4
414	QUESTION DELETED				
415	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
		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>	
422-423 QUESTIONS DELETED			
424	<p>Do you receive or compile reports that indicate specific HIV/AIDS related diagnoses for inpatients or outpatients seen in the facility?</p> <p>IF RESPONSE IS "INFORMATION NOT AVAILABLE" PROBE TO DETERMINE IF REPORTS ON CLIENT DIAGNOSES ARE SUBMITTED FOR HMIS, AND IF SO , ENSURE THAT DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED.</p> <p>CIRCLE MOST APPROPRIATE RESPONSE.</p>	<p>INFORMATION AVAILABLE, DATA NOT YET RECORDED 1</p> <p>INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE 2 → 429</p> <p>INFORMATION REPORTED AVAILABLE, BUT NOT SEEN 3 → 429</p> <p>INFORMATION NOT AVAILABLE 4 → 429</p>	
425	<p>INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.</p>	<p>OUTPATIENT CLIENTS ONLY 1 → 426 (A)</p> <p>INPATIENT CLIENTS ONLY 2 → 426 (B)</p> <p>BOTH OUTPATIENT AND INPATIENT 3</p>	

NO.	QUESTIONS	CODING CATEGORIES		GO TO																																																																																				
426	<p>RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.</p> <p>DIAGNOSIS</p> <p>1 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT)</p> <p>2 TOXOPLASMOSIS</p> <p>3 KAPOSII'S SARCOMA</p> <p>4 AIDS-RELATED COMPLEX (ARC)</p> <p>5 HERPES ZOSTER/SIMPLEX</p> <p>6 PCP (PNEUMOCYSTIS CARNII PNEUMONIA).....</p> <p>7 PNEUMONIA (ABOVE 5 YEARS OF AGE).....</p> <p>8 TB (TUBERCULOSIS)</p> <p>9 IMMUNOSUPPRESSION / HIV/AIDS</p> <p>10 WASTING SYNDROME</p> <p>11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)</p> <p>12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY)</p>	<p>(A) NUMBER</p> <p>OUTPATIENT VISITS</p> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																											<p>(B) NUMBER</p> <p>INPATIENT ADMISSIONS/DISCHARGES</p> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																											
427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																																																																
428	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/DISCHARGES FOR THE TIME PERIOD INDICATED IN Q.427	<table border="1"> <tr> <td colspan="2">TOTAL OPD VISITS</td> <td colspan="2">TOTAL IPD ADMISSIONS/DISCHARGES</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>		TOTAL OPD VISITS		TOTAL IPD ADMISSIONS/DISCHARGES																																																																																		
TOTAL OPD VISITS		TOTAL IPD ADMISSIONS/DISCHARGES																																																																																						
429	<p>How do you ensure data quality?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SPOT CHECKS AT POINT OF SERVICE A</p> <p>CONTINUAL TRAINING OF SERVICE STAFF B</p> <p>RESPONSE ANALYSIS C</p> <p>INTERNAL CHECKS D</p> <p>RETURN TO FILES UPON ERROR E</p> <p>DOUBLE DATA ENTRY F</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>																																																																																						
430	How often does this unit provide feedback on data quality to service units?	<p>MONTHLY OR MORE OFTEN 1</p> <p>EVERY 2-3 MONTHS 2</p> <p>EVERY 4-6 MONTHS 3</p> <p>LESS OFTEN THAN EVERY 6 MONTHS 4</p> <p>WHEN NECESSARY/NOT REGULARLY 5</p> <p>NEVER 6</p>																																																																																						

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
431	Where do you store completed, recorded data forms/reports? Describe the storage situation. CIRCLE ALL THAT APPLY	DESTROYED/SHREDDED A THROWN AWAY B FILE CABINET(S) C BOXES D FILE ROOM / MEDICAL RECORDS E OTHER _____ X (SPECIFY)				
432	Are completed forms stored in a secure location where confidentiality is ensured?	YES 1 NO 2 NOT APPLICABLE 7				
433	Is there ever a problem with loss of forms or damage? IF YES, ASK: What have been the most common causes for lost or damaged forms?	PESTS A WATER/DAMPNESS..... B FIRE C THEFT D MISPLACED E OTHER _____ X (SPECIFY) NOT A PROBLEM..... Y				
434	How often are results of analyzed data fed back to service units or the facility director for improving service provision?	MONTHLY OR MORE OFTEN 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 WHEN NECESSARY/NOT REGULARLY 5 NEVER 6				
435	In your opinion, are the data ever used to improve service provision?	YES 1 NO 2				
436	Do you have a copy machine?	YES 1 NO 2	→ 439			
437	Is the copy machine functioning today?	YES 1 NO 2				
438	Do you ever run out of supplies for the photocopy machine, such as paper or toner? IF YES, How frequently?	YES, AT LEAST ONCE PER MONTH 1 YES, AT LEAST ONCE EVERY THREE MONTHS 2 YES, AT LEAST ONCE PER YEAR 3 NO 4				
439	Do you have a computer?	YES 1 NO 2	→ 458			
440	What is the capacity of your hard drive?	GIGABYTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
441	How is the computer hardware maintained?	CONTRACT 1 IN-HOUSE TECHNICIAN 2 NOT MAINTAINED REGULARLY 3				
442	Do you have a central database?	YES 1 NO 2	→ 447			
443	In what software is this database maintained?	EXCEL 0 1 FOXPRO 0 2 ACCESS 0 3 LOTUS 0 4 DBASE 0 5 PEACHTREE 0 6 QUATROPRO..... 0 7 EPI INFO 0 8 OTHER _____ 9 6 (SPECIFY)				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
457	Do you have the ability to transfer large files within the facility or outside the facility?	YES, INSIDE ONLY 1 YES, OUTSIDE ONLY 2 YES, BOTH INSIDE AND OUTSIDE 3 NO, CANNOT TRANSFER LARGE FILES .. . 4	
458	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES 1 NO 2	
459	In the next 5 years, how many new HMIS staff do you think you will need?	NUMBER OF STAFF <input type="text"/> <input type="text"/>	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
460	RECORD THE TIME AT END OF INTERVIEW <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> 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
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 present today.</p>	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p>				
Next, I would like to know about guidelines that are available in the laboratory area.						
504	<p>For each topic I mention, please tell me if you have any written guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines?</p>	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Blood safety (16)	1	2	3	4	
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers (4)	1	2	3	4	
03	Universal precautions for healthcare workers (19)	1	2	3	4	
04	Manual for laboratory technicians for TB screening	1		3	4	
05	Standard operating procedures (SOPs) or guidelines for data collection and reporting (17)	1	2	3	4	
505	<p>Does this laboratory conduct tests for HIV? IF YES, For which reasons are they conducted? CIRCLE ALL THAT APPLY</p>	<p>CLIENT DIAGNOSIS A BLOOD SCREENING B SCREENING (VISA, INSURANCE, SCHOOL,EMPLOYMENT) C LAB CONDUCTS NO HIV TESTS Y</p>				→ 535
506	<p>Are there any written guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please?</p>	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Written guidelines on counseling for HIV testing (1)	1 →03	2	3	4	
02	Written guidelines on confidentiality and disclosure of HIV test results	1		3	4	
03	Laboratory guidelines for HIV testing	1		3	4	
04	Other guidelines relevant to HIV/AIDS or related services (SPECIFY) _____	1		3	4	
507	<p>Do you do HIV testing for clients not 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	MALARIA TESTS	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	GONORRHEA TESTS	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	GRAM STAIN	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	CHLAMYDIA TEST	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	OTHER 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	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	TUBERCULOSIS TEST	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	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	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							
BLOOD TRANSFUSION AND SCREENING									
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				
PHLEBOTOMY SERVICES									
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?	ARE ALL ITEMS FOR TEST AVAILABLE?				
		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			
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER							
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						
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE							

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
600b	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS 05 MISSION 06 OTHER _____ 96 (SPECIFY)	1) MANAGING AUTHORITY <input type="text"/> <input type="text"/> 2) NUMBER OF DAYS PER MONTH PHARMACY ROUTINELY PROVIDES SERVICE <input type="text"/> <input type="text"/>	

ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY

My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

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

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

Do you have any questions for me at this time?

601	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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602 RECORD THE TIME AT BEGINNING OF INTERVIEW : 12 HOUR CLOCK

DATE DAY MONTH YEAR

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
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.							
603	GENERAL MEDICINES (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 ↙	4 ↙	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	ANTIMALARIALS						
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	INTRAVENOUS SOLUTIONS						
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	OTHER						
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="1224 814 1442 928" style="text-align: center;">b</td> </tr> </tbody> </table>			OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	b			<p style="text-align: center;">STOCK OUT IN LAST SIX MONTHS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="1230 886 1321 928">YES</th> <th data-bbox="1321 886 1435 928">NO</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="1435 772 1448 928"></td> </tr> </tbody> </table>		YES	NO		
OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE														
	b															
YES	NO															
01	Condoms	1 → 01b	2 02 ↙	3 02 ↙	1	2										
02	Disposable needles	1 → 02b	2 03 ↙	3 03 ↙	1	2										
03	Disposable syringes	1 → 03b	2 04 ↙	3 04 ↙	1	2										
04	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 → 04b	2 05 ↙	3 05 ↙	1	2										
05	Hand-washing soap	1 → 05b	2 625 ↙	3 625 ↙	1	2										
<p>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</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 present today.</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 to another facility 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"/>	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
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"/>	
		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 present today .	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 family members will not be informed without client consent	1	//////////////////// //////////////////// //////////////////// ////////////////////	3	4	
11	HIV testing procedures	1	////////////////////	3	4	
811	How long have counseling 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"/>				→ 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		
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:20%; 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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REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER																					
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 present today.</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 & 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	For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.	TEST CONDUCTED						
		ROUTINELY	SELECTIVELY	NEVER	DON'T KNOW			
01	Blood count/CBC	1	2	3	8			
02	Serum transaminases	1	2	3	8			
03	Pregnancy test for women	1	2	3	8			
04	Serum creatinine	1	2	3	8			
05	Urinalysis	1	2	3	8			
06	Liver function tests	1	2	3	8			
07	TB sputum test (Acid-fast-bacilli)	1	2	3	8			
08	Chest X-ray	1	2	3	8			
09	PPD (Mantoux or skin prick for TB)	1	2	3	8			
10	HTLV 1	1	2	3	8			
11	Hepatitis B and/or C	1	2	3	8			
12	Syphilis serology	1	2	3	8			
13	Toxoplasmosis	1	2	3	8			
14	Blood Sugar	1	2	3	8			
15	Any other tests <hr/> <p>(SPECIFY)</p>	1	2	3	8			
923	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OFFERED OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW			
01	Pre-treatment medication counseling	1	2	3	8			
02	Follow-up counseling to discuss adherence to ART medicines	1	2	3	8			
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others	1	2	3	8			
924	IF ANY ITEM IN Q923 IS CODED '1' OR '2', ASK: Who provides the counseling for ART medicines? CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN Q923 ARE CODED '1' OR '2', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PROVIDER A NURSE B COUNSELOR C PHARMACIST D CLINICAL PSYCHOLOGIST E OTHER _____ X (SPECIFY) NO COUNSELING Y				→ 928		
925	In total, how many different people provide this counseling?	NUMBER OF PEOPLE DON'T KNOW 98 <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
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 DON'T KNOW 98 <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
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

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 family members 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	CLINIC/UNIT IN THIS FACILITY 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 BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB 5 CLIENT SENT TO LAB 6 →1017 OUTSIDE FACILITY 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 FACILITY10 →1017 OUTSIDE, AFFILIATED LABORATORY 11 →1017 OUTSIDE, UNAFFILIATED LABORATORY12 →1017 DISTRICT OR REGIONAL HOSPITAL13 →1017 OTHER _____96 (SPECIFY)																																																										
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	<table border="1"> <thead> <tr> <th data-bbox="808 606 974 730">OBSERVED</th> <th data-bbox="974 606 1136 730">REPORTED, NOT SEEN</th> <th data-bbox="1136 606 1403 730">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="808 730 974 772">1 → 04</td> <td data-bbox="974 730 1136 772">2</td> <td data-bbox="1136 730 1403 772">3</td> </tr> <tr> <td data-bbox="808 772 974 814">1</td> <td data-bbox="974 772 1136 814">2</td> <td data-bbox="1136 772 1403 814">3</td> </tr> <tr> <td data-bbox="808 814 974 856">1</td> <td data-bbox="974 814 1136 856">2</td> <td data-bbox="1136 814 1403 856">3</td> </tr> <tr> <td data-bbox="808 856 974 898">1 → 06</td> <td data-bbox="974 856 1136 898">2</td> <td data-bbox="1136 856 1403 898">3</td> </tr> <tr> <td data-bbox="808 898 974 940">1</td> <td data-bbox="974 898 1136 940">2</td> <td data-bbox="1136 898 1403 940">3</td> </tr> <tr> <td data-bbox="808 940 974 982">1 → 08</td> <td data-bbox="974 940 1136 982">2</td> <td data-bbox="1136 940 1403 982">3</td> </tr> <tr> <td data-bbox="808 982 974 1024">1</td> <td data-bbox="974 982 1136 1024">2</td> <td data-bbox="1136 982 1403 1024">3</td> </tr> <tr> <td data-bbox="808 1024 974 1066">1</td> <td data-bbox="974 1024 1136 1066">2</td> <td data-bbox="1136 1024 1403 1066">3</td> </tr> <tr> <td data-bbox="808 1066 974 1108">1</td> <td data-bbox="974 1066 1136 1108">2</td> <td data-bbox="1136 1066 1403 1108">3</td> </tr> <tr> <td data-bbox="808 1108 974 1150">1 → 12</td> <td data-bbox="974 1108 1136 1150">2</td> <td data-bbox="1136 1108 1403 1150">3</td> </tr> <tr> <td data-bbox="808 1150 974 1192">1</td> <td data-bbox="974 1150 1136 1192">2</td> <td data-bbox="1136 1150 1403 1192">3</td> </tr> <tr> <td data-bbox="808 1192 974 1234">1</td> <td data-bbox="974 1192 1136 1234">2</td> <td data-bbox="1136 1192 1403 1234">3</td> </tr> <tr> <td data-bbox="808 1234 974 1276">1</td> <td data-bbox="974 1234 1136 1276">2</td> <td data-bbox="1136 1234 1403 1276">3</td> </tr> <tr> <td data-bbox="808 1276 974 1318">1</td> <td data-bbox="974 1276 1136 1318">2</td> <td data-bbox="1136 1276 1403 1318">3</td> </tr> <tr> <td data-bbox="808 1318 974 1360">1</td> <td data-bbox="974 1318 1136 1360">2</td> <td data-bbox="1136 1318 1403 1360">3</td> </tr> <tr> <td data-bbox="808 1360 974 1402">1</td> <td data-bbox="974 1360 1136 1402">2</td> <td data-bbox="1136 1360 1403 1402">3</td> </tr> <tr> <td data-bbox="808 1402 974 1444">1</td> <td data-bbox="974 1402 1136 1444">2</td> <td data-bbox="1136 1402 1403 1444">3</td> </tr> <tr> <td data-bbox="808 1444 974 1486">1</td> <td data-bbox="974 1444 1136 1486">2</td> <td data-bbox="1136 1444 1403 1486">3</td> </tr> </tbody> </table>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	1 → 04	2	3	1	2	3	1	2	3	1 → 06	2	3	1	2	3	1 → 08	2	3	1	2	3	1	2	3	1	2	3	1 → 12	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
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1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2																																																										
1017	CHECK Q1006 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES 1 NO 2	→1021a																																																									

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1018	When a client is referred for, or receives an HIV test, are they counseled here? IF YES, PROBE FOR EACH TYPE OF COUNSELING WHETHER IT IS PROVIDED ROUTINELY (TO ALL CLIENTS) AND IF THE COUNSELOR IS ALWAYS SOMEONE WHO IS TRAINED IN COUNSELING.	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW
		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR		
01	Pretest counseling	1	2	3	8
02	Post-test for positive results	1	2	3	8
03	Post-test for negative results	1	2	3	8
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8
1019	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3			Q:HW →1021
1020	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES 1 NO 2 DON'T KNOW 8			
1021	ASK TO SEE THE ROOM WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED. IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4			
1021a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY.	RAPPORT PROGRAM A PEER COUNSELING B VISIT SCHOOLS C OTHER _____ D (SPECIFY) NO Y			
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES 1 NO 2			→1026
1023	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, NOT COMPLETE 2 YES, REPORTED NOT SEEN 3 NO 4			
1024	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IDENTIFY THE PROVIDER FOR HW INTERVIEW	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3			Q:HW
1025	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM A DISCOUNT FEES B NO FEES C OTHER _____ X (SPECIFY)			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS <input type="text"/> <input type="text"/>	
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth? PROBE FOR STANDARD PROCEDURE FOR OFFERING HIV TEST FOR INFANT. IT IS UNDERSTOOD THAT MOTHER MAY NOT WANT INFANT TO RECEIVE TEST.	YES, FOR ALL HIV POSITIVE WOMEN 1 YES, FOR FACILITY DELIVERIES ONLY 2 NO, ROUTINELY TESTED AT OTHER TIME 3 RECORD YOUNGEST AGE AGE IN MONTHS <input type="text"/> <input type="text"/> NO 4	
1028	CHECK Q1006 (10) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR PREGNANT WOMEN	YES 1 NO 2	→1032
1029	Which antiretroviral medicines are used for ART prophylaxis for women in this clinic/unit? CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) A ZIDOVUDINE (ZDV,AZT) B ABACAVIR / ABC C DIDANOSINE / DDL D EFAVIRENZ /EFZ / STOCORIN E LAMIVUDINE/3TC F NEVIRAPINE / NVP G TENOFVIR DISOPROXIL FUMARATE (VIREAD) H INDINAVIR (CRIXIVAN) I KALETRA (LOPINAVIR / RIONAVIR) J NELFINAVIR (VIRACEPT) K RITONAVIR (NORVIR) L SAQUINAVIR (INVIRASES) M STAVUDINE/D4T N OTHER X _____ SPECIFY _____	
1030	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	KEPT IN THIS CLINIC/UNIT 1 KEPT IN PHARMACY 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY 3 OTHER 6 _____ (SPECIFY) _____	
1031	What is the practice for providing the ART prophylaxis to the HIV positive woman? CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION DURING HOME DELIVERY A PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY B PROVIDE THROUGHOUT PREGNANCY, MULTIPLE TIMES (START 32-36 WKS) C OTHER X _____ (SPECIFY) _____	
1032	CHECK Q1006 (11) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR NEWBORNS	YES 1 NO 2	→ 1036
1033	What is the practice for providing the ART prophylaxis to the newborn of the HIV positive woman? CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR ADMINISTRATION AFTER HOME DELIVERY A PROVIDED AT MONTHS PREGNANCY <input type="text"/> PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH B OTHER X _____ (SPECIFY) _____	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1039	<p>Do any patients receiving PMTCT in this clinic/unit live in another country?</p> <p>IF YES, About how many are currently under the care of this clinic/unit?</p> <p>IF YES, From which countries? CIRCLE LETTER FOR COUNTRIES</p>	<p>a) YES 1 NO 2 DON'T KNOW 8</p> <p>b) NUMBER OF PATIENTS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998</p> <p>c) GRENADA ... A ANTIGUA E HAITI I GUYANA ... B TOBAGO F D/REPUB J SURINAME ... C DOMINICA G OTHER _____ X ST KITTS/NEV .. D JAMAICA H DK Z</p>	<p>→ 1040 → 1040</p>
1040	<p>Can I look at the ANC records, including those that provide information on any PMTCT counseling and testing services?</p> <p>Are there records of first-visit ANC clients (admissions)? IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3</p>	<p>→1043 →1043</p>
1041	<p>RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS (OR ADMISSIONS) DURING THE PAST 12 MONTHS.</p>	<p>NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
1042	<p>INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1041.</p>	<p>MONTHS OF DATA <input type="text"/> <input type="text"/></p>	
1043	<p>CHECK Q1006 (02) TO SEE IF GROUP PRE-TEST INFORMATION OR COUNSELING IS PROVIDED BY CLINIC/UNIT.</p>	<p>YES 1 NO 2</p>	<p>→ 1046</p>
1044	<p>Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.</p>	<p>YES, NUMBER OF SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> NO 995</p>	<p>→1046</p>
1045	<p>RECORD THE NUMBER OF MONTHS OF DATA AVAILABLE IN Q1044.</p>	<p>MONTHS OF DATA <input type="text"/> <input type="text"/></p>	
1046	<p>Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?</p>	<p>YES 1 YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT 2 NO 3</p>	<p>→ 1051 → 1051</p>

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1047	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) 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	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.					
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> : <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						
MATERNAL HEALTH SERVICES						
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 delivery services ? By that I mean conducting the actual deliveries of newborns.	YES 1 NO 2				

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO	
TUBERCULOSIS SERVICES					
118	In your current position at this facility, do you ever personally provide tuberculosis service ? 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
HIV/AIDS					
120	In your current position at this facility, do you personally provide any services related to counseling for HIV testing or for other services , 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 clinical services for HIV/AIDS patients, or have you received training in the provision of such services?			YES PROVIDES SERVICE AND/OR 1 NO SERVICE AND NO TRAINING 2		→ 124

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

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO			
124	In your current position at this facility, do you ever personally provide any preventive therapeutic interventions for HIV/AIDS patients , or have you received training related to such services?	YES PROVIDES SERVICE AND/OR RECEIVED TRAINING. 1 NO SERVICE AND NO TRAINING 2		→ 126			
125	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY		
01	Preventive or prophylactic treatment for TB (INH or isoniazid)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. 3 NO TRAINING. 4 → 02	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW Z		
02	Preventive or prophylactic treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. 3 NO TRAINING. 4 → 03	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW Z		
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	YES 1 → c NO 2 → c	<table border="1" data-bbox="641 848 773 894"><tr><td> </td><td> </td></tr></table>			YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. 3 NO TRAINING. 4 → 04	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW Z
04	Recommended delivery practices for women who may be HIV positive	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. 3 NO TRAINING. 4 → 05	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW Z		
05	Ordering or prescribing post-exposure prophylaxis (PEP)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. 3 NO TRAINING. 4 → 126	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW Z		
126	In your current position at this facility, do you ever personally provide any services related to care and support for HIV/AIDS patients , 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
		(a) PROVIDES SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)	(c) NUMBER OF PATIENTS IN LAST MONTH
131	For each service I mention, please tell me if you provide that service privately. IF YES FOR THE INDICATED SERVICES ASK: 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?			
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"/>
LABORATORY SERVICES				
132	In your current position at this facility, do you ever personally provide any laboratory services for TB or tests for HIV , 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>	
PERSONAL WORK SITUATION			
Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS			
138	<p>What should you do if you got a needle stick injury?</p> <p>PROBE: ANYTHING ELSE?</p> <p>CIRCLE ALL THAT ARE MENTIONED.</p>	<p>SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE. A</p> <p>SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTAN. B</p> <p>WASH WITH SOAP AND WATER C</p> <p>REPORT TO MANAGER D</p> <p>GET AN HIV TEST IMMEDIATELY E</p> <p>GET ANTIRETROVIRAL OR REFERRAL FOR ARVs F</p> <p>OTHER _____ X</p> <p>(SPECIFY) _____</p> <p>NOTHING Y</p> <p>DON'T KNOW Z</p>	
139	<p>If you had a choice, would you work with patients living with HIV/AIDS?</p>	<p>YES 1</p> <p>DEPENDS 2</p> <p>NO 3</p> <p>DON'T KNOW 8</p>	
Now I am going to read a series of statements. Please tell me if you strongly agree, agree, disagree or strongly disagree with each statement.			
140	<p>People who are infected with HIV should <u>not</u> be treated in the same place as other patients in order to protect other patients from infection.</p>	<p>STRONGLY AGREE 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p>	
141	<p>People with HIV are generally to blame for getting infected.</p>	<p>STRONGLY AGREE 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p>	
142	<p>Providing health services to people infected with HIV is a waste of resources since they will die soon anyway</p>	<p>STRONGLY AGREE 1</p> <p>AGREE 2</p> <p>DISAGREE 3</p> <p>STRONGLY DISAGREE 4</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
143	Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.	STRONGLY AGREE 1 AGREE..... 2 DISAGREE 3 STRONGLY DISAGREE..... 4	
144	Health providers have a right to know the HIV status of all patients.	STRONGLY AGREE 1 AGREE..... 2 DISAGREE 3 STRONGLY DISAGREE 4	
145	Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.	STRONGLY AGREE 1 AGREE..... 2 DISAGREE 3 STRONGLY DISAGREE 4	
146	You avoid touching clients' clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.	STRONGLY AGREE 1 AGREE..... 2 DISAGREE 3 STRONGLY DISAGREE..... 4	
147	Who should be told the result of an HIV test performed at a health care facility? CIRCLE ALL THAT APPLY	ONLY THE PATIENT A THE PATIENT'S NUCLEAR FAMILY MEMBERS..... B THE PATIENT'S EMPLOYER..... C HEALTH CARE PROVIDERS D OTHER _____ X SPECIFY _____ NO ONE Y	
148	I don't want to know the result, but have you ever had an HIV test?	YES 1 NO 2	→ 150
149	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF 1 WAS OFFERED 2 WAS REQUIRED 3	
150	In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 10 with 0 being least and 10 being maximum.	CONDOM EFFECTIVENESS IN PREVENTING HIV <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
151	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY <input type="text"/> <input type="text"/>	
152	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS. When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percentage of your time do you estimate this is?	AVERAGE WEEKLY PERCENTAGE OF WORK TIME <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
153	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical supervision in your work? IF YES, ASK: When was the most recent time?	YES, IN THE PAST 3 MONTHS 1 YES, IN THE PAST 4-6 MONTHS 2 YES, IN THE PAST 7-12 MONTHS..... 3 YES, MORE THAN 12 MONTHS AGO 4 NO 5	→ 156 → 156 → 156
154	How many times in the past six months has your work been supervised? (WRITE '90' IF 90 OR MORE TIMES)	NUMBER <input type="text"/> <input type="text"/> OF TIMES	
155	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	
01	Deliver supplies	DELIVERED SUPPLIES 1 2 8	
02	Check your records or reports	CHECKED RECORD 1 2 8	
03	Observe your work	OBSERVED 1 2 8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK 1 2↓ 8↓ 07 07	
05	Give you verbal feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 1 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 1 2 8	
08	Discuss problems you have encountered	DISCUSS 1 2 8	
09	Anything else?	OTHER 1 2 <input type="checkbox"/> (SPECIFY) _____	
156	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	
157	Are there any opportunities for promotion in your current job? PROMOTION IN TERMS OF POSITION, NOT ONLY SALARY	YES 1 DEPENDS / UNCERTAIN 2 NO..... 3	
158	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES 1 NO..... 2	→ 160
159	Which type of salary supplement do you receive? CIRCLE ALL THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT..... A PER DIEM WHEN ATTENDING TRAINING..... B OTHER _____ X (SPECIFY)	
160	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES 1 NO 2	→ 162

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO						
161	Describe any incentives that you have received.	UNIFORMS, BACKPACKS, CAPS ETC. A FREE TICKETS FOR CARE. B TRAINING. C FOOD RATION. D OTHER _____ X (SPECIFY)							
162	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS?</p> <p>CIRCLE ONLY THREE ITEMS.</p> <p>IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.</p>	MORE SUPPORT FROM SUPERVISC. A MORE KNOWLEDGE/TRAINING. B MORE SUPPLIES/STOCK C BETTER QUALITY EQUIPMENT/ D LESS WORKLOAD (i.e. MORE STAFF. E BETTER WORKING HOURS F MORE INCENTIVES G TRANSPORTATION FOR PATIENTS H PROVIDING ART I INCREASED SECURITY J BETTER FACILITY INFRASTRUCTUR. K MORE AUTONOMY/INDEPENDENCE L EMOTIONAL SUPPORT FOR STAFF M ACTIVITIES) M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)							
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.									
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> <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									

