

Assessment of Primary Health Care Facilities for Decentralization of HIV/AIDS Services in Nigeria



Recommended Citation

National HIV/AIDS Division, Federal Ministry of Health (FMoH) [Nigeria] and MEASURE Evaluation (2014). *Assessment of Primary Health Care Facilities for Decentralization of HIV/AIDS Services in Nigeria 2012*. Federal Ministry of Health, Abuja, Nigeria.

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The U.S. President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development (USAID) have provided support for the Primary Health Care Facility Assessment since its inception. USAID/Nigeria provided the financial support to MEASURE Evaluation to undertake this assessment effort as part of the larger decentralization and scale-up plan for HIV services. Views expressed are not necessarily those of USAID or the U.S. government. tr-13-93 (January 2014). Cover photo by David Davies-Deis, Courtesy of Photoshare.

Acknowledgement

A greater involvement of facilities at the primary care level in HIV/AIDS programming has been identified by government as an effective way of meeting the rising demand for services in Nigeria. The assessment for the readiness of these facilities has therefore become imperative for evidence-based decision making in order to increase coverage of HIV services.

The HIV/AIDS Division of the Federal Ministry of Health would like to acknowledge the support of the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) for providing support to the government of Nigeria in its efforts to decentralize and scale-up HIV services. USAID provided the funds to MEASURE Evaluation to undertake this assessment. We are also grateful to the USG SI team for their guidance during the planning, design and implementation of the assessment. We appreciate the technical support provided by MEASURE Evaluation/JSI team for the design, conduct and technical coordination including data analysis and report writing for the assessment.

We acknowledge the collaboration and deep participation of two of our sister organizations – National Agency for the Control of AIDS (NACA) and National Primary Health Care Development Agency (NPHCDA) and the cooperation of the State Ministries of Health and their respective Agencies for the Control of AIDS in the 17 States where the assessment was conducted for their support during the planning phase and field work.

We are grateful to the management and staff of the 268 primary health care facilities for granting the survey teams access into their facilities and their cooperation in completing the survey questionnaires. We deeply appreciate and give special thanks to Indepth Precision Consult Ltd, which fielded the research teams and guided the fieldwork, data entry and processing and the field teams who put in long hours under difficult conditions to get the job done.

We are confident that the results of this assessment would go a long way in helping policy makers, program managers and funding agencies establish the preparedness of primary health care facilities to commence delivery of HIV/AIDS services.



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Foreword

An estimated 3.2 million people are living in Nigeria with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) as of 2012. However, only 30% of those in need have access to ART. Nigeria is one of the highest burden countries of vertical transmission of HIV due to poor PMTCT coverage. If the ambitious target set under the National Strategic Framework with focus on Universal Access by 2015 and a reduction of 50 percent in HIV incidence among 15–49 year old women by 2015 are to be achieved, scale-up of ART and PMTCT services must be intensified.

Despite increasing demand for HIV and AIDS services, there is evidence of inequity in service provision. With comprehensive HIV/AIDS services started in 1999, HIV treatment and care is mainly delivered through secondary and tertiary levels. As of 2011, secondary and tertiary facilities account for only 12 percent of the total health facilities in the country. The majority of people living with HIV and AIDS who need ART services do not have access to treatment and care at these levels. Most published evidences relating to ART scale-up in Nigeria, however, have come from urban treatment cohorts or from facilities with primarily urban populations. Delivery of HIV treatment and care and prevention of mother to child transmission of the urban poor, hard to reach populations and rural communities presents unique challenges, and current ART delivery models may significantly limit the accessibility to ART. To have the greatest impact on public health, HIV treatment and prevention programs need to be decentralized and integrated into the existing primary health care system. Preliminary evidence from such urban poor, hard to reach populations and rural programs has demonstrated that ART provision is feasible, given the appropriate resources and infrastructure.

Primary health care facilities in Nigeria constitute 88 percent of the total number of health facilities and 72 percent of them are publicly owned. In order to achieve the goal of Universal Access to HIV/AIDS care and services and Millennium Development Goals (MDGs) in Nigeria, the government is committed to increase domestic funding, health system strengthening, decentralization and integration increase access to services.

In an effort to support the Federal Government of Nigeria to achieve the Universal Access and MDGs targets, the United States Government conducted an assessment of 268 primary health care facilities selected from 17 states and the Federal Capital Territory (FCT) as part of the scale-up plan for universal access to services to those infected or affected by HIV. The assessment data provides systematic evidence on how these decentralized institutions are ready to deliver HIV services, especially antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) services using measures of readiness, a supportive environment, need, and feasibility for service expansion. Overall, the results of the assessment will no doubt guide stakeholders in Nigeria particularly policy makers, program managers and planners to maximize scarce resources in order to improve the wellbeing of those infected and/or affected by HIV and AIDS



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Executive Summary

This report presents findings from an assessment of 268 primary health facilities selected from 17 States and the Federal Capital Territory (FCT) by the U. S. Agency for International Development (USAID), U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Department of Defense (DoD) implementing HIV/AIDS programs as part of the scale-up plan for universal access to services for those infected or affected by HIV. Nigeria is one of the few countries in the developing world to decentralize systematically the delivery of basic health and education services to locally elected governments. Its health policy has also been guided by the Bamako Initiative to encourage and sustain community participation in primary health care services. This assessment data provide systematic evidence on how these decentralized institutions are ready to deliver HIV services, especially antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT).

METHODOLOGY

This assessment included different categories of primary health care (PHC) facilities, both in the government sector and those operated by nongovernmental or private organizations: health centers, health posts, comprehensive primary health care centers. The primary health facilities assessment in Nigeria 2012 consisted of two instruments: (1) the health facility assessment tool adapted from the Service Provision Assessment (SPA) and Service Availability and Readiness Assessment (SARA); and (2) a service provider's questionnaire. The tools were administered to collect information on the general availability of health services, staffing, HIV services, drugs and pharmaceutical systems, waste management, laboratory facilities, community and donor relationship as well as budgetary allocation from the local governments.

This report presents data on various indicators of the availability, readiness and quality of services as well as results using a prioritization index from the 268 PHCs selected by the U.S. Government-PEPFAR agencies for their HIV services scale-up plan in 17 States and the Federal Capital Territory (FCT). The number of facilities assessed in each state ranges from four in Gombe, Yobe and Plateau states to 47 in Lagos state. This report is divided into two parts: the national summary narrative and each state report with information about the readiness for each facility to provide HIV services.

KEY FINDINGS

The evidence shows that the assessed primary health care facilities deliver some basic health services, particularly the curative and preventive services such as ANC, deliveries, family planning/child-spacing, and HIV counselling and testing. Smaller percentages of the assessed facilities offer sexually transmitted infection (STI) services, tuberculosis (TB) diagnosis and treatment, care and support for people living with HIV, PMTCT, and ART. However, there are striking differences in the service delivery environments among the states and within the facilities assessed in the states.

Selected Result Highlights

- Availability of basic amenities to support an enabling working environment and quality services (e.g., electricity or generator, emergency transportation system, and good sanitary practices) are poor in many of the facilities.

- The building infrastructures in many of the assessed facilities are poor with damaged ceilings, walls and windows. Kogi, Gombe, Taraba, Nasarawa, and Yobe states have more facilities in bad shape with respect to infrastructure.
- Although there are some facilities in some states with good waste disposal systems and practices, generally, unsafe practices are commonly used for disposal of medical and sharps wastages such as bandages, unused needles and syringes. Open burning of contaminated waste is common (41% of assessed facilities), contributing to air pollution and disposal in unprotected areas is also common. Approximately 20% of facilities had evidence of safe medical waste and sharps disposal systems. One of the weakest elements was the availability of medical waste containers.
- The conditions for standard precautions for preventing infections at the outpatient service sites vary. The materials assessed include handwashing items (soap, water), latex gloves, surface disinfectant, and waste bins appropriate for disposal of contaminated waste. About 62% of the assessed facilities had materials for handwashing for standard precautions at the outpatient department site. This was particularly poor in Taraba, Kaduna, Benue, and Akwa-Ibom states.
- Drugs and medicine management including storage conditions are poor, which can affect the potency of the pharmaceuticals and contribute to wastage. Overall, Gombe and Edo states had the weakest drug storage systems. Poor drug storage systems could be attributed to a lack of pharmacy facilities in a large number of the assessed sites.
- There is poor linkage or support from the local government authorities (LGAs) beyond the payment of staff salaries. In addition, the community participation in support of PHC activities are evident but poor. It may be necessary and good to encourage the National Primary Health Care Development Agencies and their state counterparts to ensure the implementation of activities that will strengthen the community participation in the management of the PHCs (e.g., setting up or establishing a PHC committees to manage the facility and could also help in mobilizing local resources of the operations).
- The presence and number of health care workers in the states where the assessed facilities are located and within the states are unevenly distributed. There is also strikingly variation among the states located in the southern and northern regions of the country, regarding the presence of health care workers. For example, most of the assessed facilities in the northern region are headed or managed by community health extension workers as compared with either medical doctors or nurse/midwives heading many of the assessed facilities in the southern part.
- There is evidence of poor recordkeeping of the patients and clients using the facilities. Many of the assessed facilities reported they follow up with ART clients without coordinating with the ART service provider. They keep a list of clients whom they referred for ART then provide follow-up to improve adherence. These facilities do this informally at their own initiative maintaining no records that can provide information on drop-outs, deaths, persons who move, or those who are weak in compliance (e.g., those who do not keep appointments or may be late picking up their medications). These facilities would be prime candidates for a more structured follow-up system. Also, a number of assessed facilities could not produce the statistics for services delivered in the past three months. Some facilities are using the nationally prescribed data collection and reporting tools, but a significant number of the facilities are not using the national data collection and reporting tools that have implications for the health management information systems (HMIS) and the routine availability of information for program evaluations.

- PMTCT services
 - Thirteen percent of the assessed facilities reported providing PMTCT services where they conduct the HIV testing but refer HIV-positive cases for antiretrovirals (ARVs) at other facilities. These facilities should be prime candidates for adding the ARV regimen to their list of services to improve compliance.
 - Among the facilities reporting PMTCT and provision of the ARV (38%)
 - * Thirty-one percent had the first-line ARV regimen available.
 - * Sixty-nine percent had either the first line or the alternative for facilities with limited resources (AZT+3TC and nevirapine at onset of labour).
 - * Drug logistics management is clearly an issue.
 - Although some facilities offering PMTCT with ARVs had good scores for a service quality index developed for this assessment, many did not.
- ART services
 - Few (4%) of the assessed facilities reported prescribing for ART. Among those who reported that they provide this service, 79% had one of the first-line ART regimens available. Among the assessed facilities, results for prescribing for ART varied across the states. All assessed facilities in Gombe State (100%) reported prescribing ART and 7% of the assessed facilities in Nasarawa state reported prescribing ART. There are no facilities among those assessed in 12 states that reported prescribing ART.
 - Twelve percent of the assessed facilities reported conducting ART client follow-up without ART prescription. A larger proportion of the assessed facilities in Cross-River State (43%) reported ART client follow-up with no ART prescription compared with 8% of the facilities assessed in Akwa-Ibom and Kano States. None of the facilities assessed in Anambra, Bauchi, Benue, Lagos, Plateau, Rivers, Taraba, and Yobe states reported ART client follow-up with no ART prescription.
 - Thirteen percent of the assessed facilities reported provision of care and support services along with ART prescription or client follow-up services. The state level information showed that 75% of the facilities in Gombe state reported offering care and support services along with ART prescription compared with 5% of the assessed facilities in Edo State providing care and support services along with ART client follow-up services.

CONCLUSION

Although the majority of the assessed facilities were observed to be functioning and providing a range of health services including HIV services, there is evidence of the need to strengthen systems to support quality services. This assessment reviewed elements critical for supporting the quality for any health service. These include ensuring conditions exist for standard precautions to prevent transmission of infection, that pharmaceutical storage and management systems are strong, that qualified staff are present and that they have written service guidelines to promote adherence to service standards, and that data and records are maintained, so service assessments and program decisions are based on data.

These supportive elements are particularly important when considering services for HIV infections, due to the high mortality related to development of AIDS and the high cost for the ARTs and the burden this illness places on the total health system. The poor management and disposal of medical and sharps waste suggests a need for greater attention and emphasis on policies and practices for standard precautions to prevent infections. Lack of qualified health care workers in many of the assessed facilities points to the need

for capacity building as well as deployment of qualified and adequate medical staff to the facilities if they are expected to commence or initiate HIV services.

The assessment evidence showed that the recordkeeping systems lack adequate human capacity and infrastructure to produce quality data for decision-making. This suggests that efforts should be made to improve the capacity and skills of those keeping the clients' and patients' information through training and continuing supportive supervision with job-aids. For the long-term system strengthening efforts, the schools of public health and medicine should include data collection and reporting issues as well as data use. This will not only ensure that the graduates of such schools and institutions begin their service equipped with adequate data skills and fit into the system after employment, but also will strengthen the internalization of the importance of required health data for evidence based decisions.

There is a need for high-level of advocacy visits to the local government policymakers to ensure dilapidated building infrastructures in most of the assessed facilities are repaired or restored.

The findings suggest that a number of facilities are ready to commence HIV services, especially PMTCT and prescription of ARVs. However, there is a need to ensure availability of an enabling working environment for the staff, storage and management systems to maintain the potency of the drugs being supplied to the facilities, to require the presence of guidelines and protocols on PMTCT and ART services, and to ensure quality assurance and control on the part of service providers. Some of the facilities already offering HIV services especially PMTCT and ART should be prioritized for interventions.

Background

In recent years, many countries have begun to decentralize HIV/AIDS services to primary health care (PHC) facilities to increase access and improve coverage of HIV/AIDS services and to de-congest overburdened facilities through down referral of stable patients. Decentralization of health services is a key public health approach to achieving universal access. The first level of contact (the primary level) is the impetus behind the delivery of health care especially to people at the grassroots. This process is supported by the secondary level of contact, which concentrates more on the complexities of care.¹ Decentralization of HIV/AIDS services requires the expansion of HIV management programs including ART and PMTCT to a greater scale, with an emphasis on increasing utilization to improve the quality of life for a significant number of people living with HIV and AIDS (PLWHA) and HIV-positive pregnant women.²

Nigeria's population is served by a three-tier health service delivery system (primary, secondary and tertiary) of public and private facilities. Currently, the majority of HIV/AIDS services are provided in the secondary and tertiary facilities managed by the public sector, which attracts most of Nigeria's health resources including qualified staff. Since 1999, the Nigerian government has placed high priority on HIV/AIDS prevention, treatment, care, and support activities, bolstered by significant donor support. The number of health facilities delivering antiretroviral therapy increased from 160 in 2006 to 491 in 2011.³ The services are being provided by all levels of health care delivery, which initially restricted tertiary level facilities. Furthermore, there has been an increase in the national PMTCT coverage from 2% in 2004 to 13% as of July 2009,⁴ while the number of HIV-exposed infants receiving ARV prophylaxis increased from 516 in 2004 to 2,230 in 2009.⁵

Despite the commitment and investment over a period of two decades, the challenges of HIV and AIDS have continued to increase, as measured by the number of people infected and affected by the virus. The estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show an increase of 670,000 in the number of PLWHA between 2001 and 2010. Based on the National HIV Sero-prevalence Sentinel Survey (2010), the prevalence of HIV stands at about 4.1% in the general adult population.

It is estimated that there are 3.14 million people in Nigeria living with HIV and AIDS in 2010. Of these people, approximately 1,512,720 PLWHAs require ARVs with less than half able to access them.⁶ Nigeria is one of the countries with highest burden of vertical transmission of HIV in the world due to poor coverage of the PMTCT program.⁷ ARVs are still largely delivered at tertiary and secondary levels of care, but a major effort was commenced in 2011 to scale up the decentralization of ARV service delivery to PHCs. Unfortunately, access to HIV care services remains low especially for the urban poor and rural populations, who are predominantly served by primary health care facilities. This may affect the attainment of the Universal Access Target and Millennium Development Goals (MDGs).

¹ Gaye, P. A., and D. Nelson. 2009. Effective scale-up: avoiding the same old traps. *Human Resources for Health* 7(2).

² Gilks, C. F., et al. 2006. The WHO public health approach to antiretroviral treatment against HIV in resource-limited settings. *The Lancet* 368: 505–10.

³ National HIV Division, Department of Public Health, Federal Ministry of Health (2012). *Annual Report of HIV Program Activities*

⁴ UNAIDS. Report. Global AIDS Epidemic, 2008

⁵ Federal Ministry of Health. *National Scale-Up Plan Towards Elimination of Mother-to-Child Transmission of HIV in Nigeria 2010–2015*

⁶ Federal Ministry of Health (2011). *Technical Report 2010 National HIV Sero-prevalence Sentinel Survey among Pregnant Women Attending Antenatal Clinics in Nigeria*.

⁷ Federal Ministry of Health. *National Scale-Up Plan Towards Elimination of Mother-to-Child Transmission of HIV in Nigeria 2010–2015*

Recognizing the inequity in service provision and the need to improve coverage for critical services such as ART and PMTCT, the Government of Nigeria⁸ in collaboration with development partners, particularly the U.S. Government, has developed a plan of action for broad access to ART drugs including PMTCT and the U.S. Government PMTCT Acceleration Plan targeting the improvement of the coverage of those receiving care, support and treatment. The plan includes scale-up of service provision to the primary health care level.

Decentralization of HIV/AIDS services to the PHC requires:

1. functional health facilities with adequate infrastructure, equipment and human resources capable of providing services such as ART and PMTCT;
2. good medical storage systems and guidelines that ensure quality assurance mechanisms; and
3. functional logistics and supply chain management systems capable of providing uninterrupted supply of commodities.

Therefore, the purpose of this assessment was to measure the preparedness and readiness of 280 primary health care facilities to provide quality HIV care services particularly ART and PMTCT across the 17 States and Federal Capital Territory (FCT). The selected primary health care facilities are those in line with the decentralization scale-up plan of the HIV and AIDS services by the U.S. Government agencies.

⁸ Federal Ministry of Health. *National Scale-Up Plan Towards Elimination of Mother-to-Child Transmission of HIV in Nigeria 2010–2015*

Methodology

FACILITY SELECTION

The Primary Health Care (PHC) Facilities Assessment involved a census of all 280 facilities selected by the PEPFAR Nigeria decentralization of HIV/AIDS services in the 18 high-burden states. The facilities assessed include both public and private PHCs, and cut across the different categories of primary health care centers. MEASURE Evaluation cross-checked and shared the list of selected facilities with the National AIDS and STIs Control Program (NASCP), the National Primary Health Care Development Agency (NPHCDA), and National Agency for the Control of AIDS (NACA) to avoid overlap with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)-supported PHC sites already that had already been assessed. Data were collected from 268 primary health care facilities in the 17 States and FCT, but the data collection could not take place in the remaining 12 facilities because two of the facilities do not exist, a facility in Kano State was duplicated on the master list and another facility could not be accessed because it is located in the military zone in Borno State.

INSTRUMENTS, TRAINING, PRE-TEST AND QUESTIONNAIRE ADAPTATION PROCESS

For the purpose of the assessment, the data collection instrument was adapted from Service Provision Assessment (SPA) tool by the MEASURE DHS and Service Availability and Readiness Assessment (SARA) tool developed by WHO and USAID. Additional questions to assess the governance and leadership at each facility were incorporated (see Appendix 1a).

Indicators for each of the following facility level domains were assessed:

- Package of services offered
- Personnel availability for service delivery
- Facility infrastructure
- Facility equipment and supplies
- Facility standard precautions and infection control practices
- Availability of facility laboratory and diagnostics
- Availability of tracer drugs in the facility
- Management and general systems administration
 - Laboratory quality standards for HIV testing
 - Facility drug and stock management systems
 - Health information system (HIS) implementation

Indicators for readiness to provide each of the following services were also assessed:

- Family planning (important service for HIV+ couples)
- Antenatal care (gateway service for PMTCT)
- Delivery services (related to PMTCT)
- STI services
- TB services
- HIV counselling and testing
- HIV care and support services
- Antiretroviral therapy services
- PMTCT

In addition, the most knowledgeable persons available for HIV services, in particular ART and PMTCT, were interviewed for their opinions on existing staff and resource issues, systems and infrastructure, and future needs and plans for expansion of these services in their facilities (see Appendix 1b).

DATA COLLECTION

Data collectors for facilities were selected according to an established criterion from persons familiar with HIV services and health systems. Data were collected in each facility by a team of two data collectors (with at least one health service provider per team). The number of teams in each state varied depending on the number of PHCs selected for assessment. Overall, 50 interviewers and 12 supervisors were recruited and trained. On average, data collection took one day per facility, and every effort was made for teams to visit facilities on days when services were being provided.

TRAINING

Interviewers and supervisors as well as representatives of the National Primary Health Care Development Agency (NPHCDA), NACA and NASCP were trained centrally on the administration of the questionnaires (Health Facility Assessment and Providers' Interview). The training was facilitated by U.S.-based technical and Nigerian experts from Indepth Precision Consult, Ltd., and MEASURE Evaluation that have conducted similar exercises in the past. Training of interviewers and supervisors lasted four days and included role-playing and field practice. The fourth day of the training served as a pre-test and field practice for the interviewers and supervisors as well as for testing the overall design for the management of the all assessment procedures.

The instruments were adapted to the Nigerian context during the training based on input from trainees and participants, facilitators and staff of NASCP, NACA and NPHCDA. Some concepts and terms were adopted to align with the Nigeria health context, and skip patterns were revised as well. The drug list was also reviewed to include all common regimes in use in-country.

FIELD SUPERVISION AND CHECKING ON DATA QUALITY IN THE FIELD

All the interviewers and supervisors were trained in how to administer the assessment tools (a facility questionnaire and provider interview) and were closely supervised and monitored during the pre-test and initial data collection in the Federal Capital Territory (FCT) by MEASURE Evaluation's U.S.-based Advisors and Indepth Precision Consult, Ltd., to ensure that each team completed data collection for at least one facility with satisfactory quality. Close supervision and monitoring of the data collection continued throughout the fieldwork period. The local research organization contracted to manage the assessment had field supervisors in each of the 18 states who monitored and supervised the data collection. In addition, external validation of the data collection and quality of data was carried out.

The U.S.-based MEASURE Evaluation technical advisors participated in monitoring and supervising the data collection in Federal Capital Territory (FCT), Nasarawa, Kogi and Lagos states while USAID staff conducted similar supervision in FCT, Lagos and Anambra states. For the states where MEASURE or USAID staffs were not able to visit, facilities were randomly selected for phone validation for a number of questions and rechecking specified data items. In total, 71 facilities had external quality checks by MEASURE Evaluation, USAID or through phone recheck.

DATA MANAGEMENT

Completed assessment tools were logged into a register (by facility) by the supervisors and sent (via DHL) to the Indepth Precision Consult, Ltd., office at Abuja, Nigeria, for entry into a computer database using the CSPro software program. Indepth Precision Consult, Ltd., developed the data entry program and screen using CSPro, and double data entry was used in order to check the quality and consistency of entries by the clerk. The data entry program included pre-programmed skips and range validity and cross checking for data validity and internal consistency. Data were then converted to SPSS file(s) for preliminary and further analyses.

DATA ANALYSIS PLAN

Data analysis was conducted using the SPSS statistical package. Summary indices were developed to measure “need” for services and evidence of a supportive environment for providing services. Construction and operational definitions for indicators used for the prioritization of the facilities are provided in Annexes 1a and 1b for ART and PMTCT services, respectively. Details on the rationale and methods used to for developing the two summary indices are provided in Annex 2.

Prioritization of Facilities to Start ART Services

Decentralization of the services to the primary health care facility is a key strategy to increasing coverage and meeting the Universal Access target. Due to limited resources, including budget constraints and weak human resources capacity at the primary health care facility level in Nigeria, there is a need to prioritize the PHCs for decentralization. The following factors guided our recommendations for prioritizing facilities:

1. sero-conversion from the HIV counselling and testing;
2. outpatient department (OPD) case load;
3. number of professional staff from the level of nurse upward; and
4. distance to the nearest secondary or tertiary facility providing comprehensive HIV/AIDS services (see Appendix 2).

Additional factors considered for recommending facilities for initiating ART prescription services include:

1. currently offering HCT services;
2. currently offering PMTCT services where ARV prophylaxis is being prescribed;
3. availability of laboratory services and diagnostic testing;
4. current medical storage conditions, practices and inventory control (such as ensuring the principle of first-in first-out of available drugs in order to reduce drugs that may be expired, maintaining up-to-date stock records, etc.);
5. community links; and
6. donors’ support.

Prioritization of Facilities to Start Prevention of Mother-to-Child Transmission (PMTCT) Services

Mother-to-child transmission is the main way children become infected with HIV worldwide. ARV prophylaxis to HIV-positive pregnant women during pregnancy, delivery, and postpartum; and to their newborn infants is the main strategy for preventing the baby of an HIV-positive mother from becoming infected with HIV. Many HIV-positive births could also be avoided by preventing unintended pregnancies among infected women. The following factors guided our recommendations of facilities to be considered for initiating PMTCT services:

1. case load of new ANC clients;
2. distance to the nearest facility offering ARV services;
3. number of professional or community health extension workers available at the facility;
4. HCT sero-conversion at the facility; and
5. PMTCT positivity rate (see Appendix 3).

In addition, the following factors were also considered:

1. availability of HIV rapid testing;
2. score on an index measuring indicators of quality for HIV counselling and testing;
3. is currently offering PMTCT HCT services but not providing ARV prophylaxis;
4. reports availability of a private room within the ANC service area where PMTC could be offered;
5. offers family planning services;
6. adequate space to store and manage ARV drugs;
7. community links; and
8. donors' support.

Individual Facility Report

The State level and 268 individual facility reports (see each state's profile for the details) were designed to support and guide the U.S. Agencies work on the HIV/AIDS Accelerated Plan and the Government of Nigeria with planning, capacity building, training, and exercising to respond effectively to decentralization of HIV services to the primary health care facilities and assure their readiness in the delivery of HIV services. Readiness of the primary health care facilities to deliver HIV services also includes addressing the capacity of the available staff to deliver quality service and care but is not limited to human resources. Definitions of the data elements used in the individual facility report are shown in Appendix 4.

Results

INTRODUCTION

The quality of service and care for patients with HIV infection is of particular concern. Substantial evidence shows that obtaining medical services and treatment for patients with HIV infection may lead to longer survival and better quality of life,^{9,10} yet serious quality-of-service problems and striking disparities in quality by location and social class have been documented.^{11,12} The quality of service within the context of HIV is not different from the reproductive health programs that consider quality of care and service within the framework of technical aspects of care and the human context in which they are provided.¹³ Quality of service will remain important issues for HIV care, support and treatment as expansion of services closer to the community is achieved through decentralization to primary health care facilities. Nigeria is planning expansion of HIV services to the primary health care facilities.

This assessment was to gain information on the existing HIV service status and service environment at the primary health care level and items identified as important to support quality services were also assessed. These include:

1. the conditions or status of the facility building infrastructure and infrastructure components (e.g., electricity, water);
2. facility and service site conditions and practices related to standard precautions for infection prevention including medical and sharps waste disposal;
3. storage conditions and management systems for pharmaceuticals (storage conditions for pharmaceuticals are important to the quality of service since proper storage affects drug potency and effectiveness; pharmaceutical management directly affects drug availability and can minimize wastage due to expiration);
4. facility external linkages and support that contribute to service availability and quality; and
5. service specific components that contribute to quality ART and PMTCT services, such as availability of the guidelines or protocols (to support the service provider(s) within a facility providing services according to the national standards), use of standard reporting formats and documentation of key information for monitoring clients and services, availability of trained staff, necessary medicines and diagnostics, etc.).

⁹ Palella FJ Jr, Delaney KM, Moorman AC, Loveless MQ, Fuhrer J, Satten GA, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. HIV Outpatient Study Investigators. *N Engl J Med*. 1998;338:853–60. [PMID: 9516219]

¹⁰ Stein MD, Piette J, Mor V, Wachtel TJ, Fleishman J, Mayer KH, et al. Differences in access to zidovudine (AZT) among symptomatic HIV-infected persons. *J Gen Intern Med*. 1991;6:35–40. [PMID: 1999744]

¹¹ Shapiro MF, Morton SC, McCaffrey DF, Senterfitt JW, Fleishman JA, Perlman JF, et al. Variations in the care of HIV-infected adults in the United States: results from the HIV Cost and Services Utilization Study. *JAMA*. 1999; 281:2305–15. [PMID: 10386555]

¹² Martin F, Shapiro, Sally C, Morton, Daniel F, McCaffrey, J, Walton Senterfitt, John A, Fleishman, Judith F, Perlman, Leslie A, Athey, Joan W, Keesey, Dana P, Goldman, Sandra H, Berry, Samuel A, Bozzette. Variations in the Care of HIV-Infected Adults in the United States Results From the HIV Cost and Services Utilization Study Additional Authors From the HCSUS Consortium. *JAMA*. 1999;281(24):2305–2315. doi:10.1001/jama.281.24.2305.

¹³ Bruce, J., 1990. Fundamental elements of the quality of care: A simple framework. *Studies in Family Planning*, Vol. 21, No. 2, pp. 61–91

RESULTS FOR FACILITY INFRASTRUCTURE

The next section describes the observed conditions of the above facilities infrastructure, supplies, and equipment.

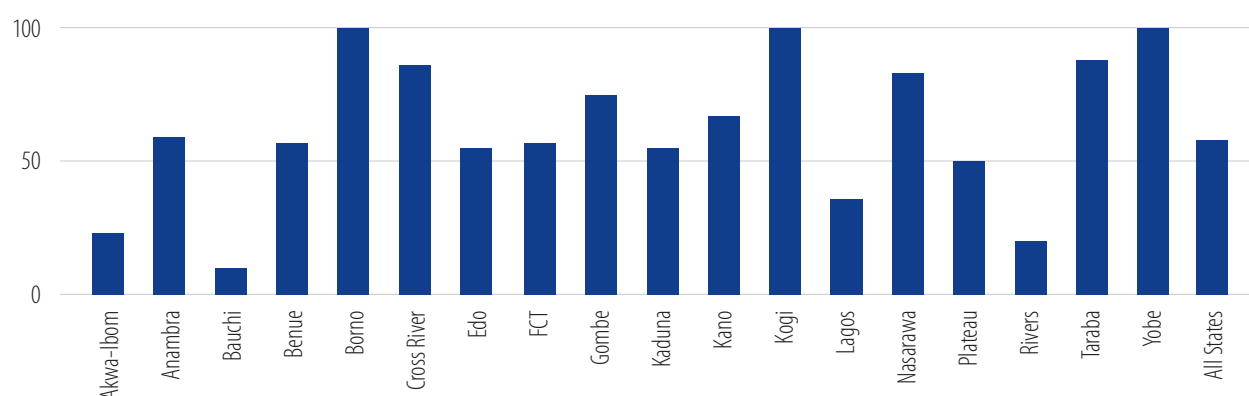
Facility Infrastructure to Support Quality Services

Building Structure: Although services can be provided under a wide-range of conditions, there are certain standards that promote quality services, such as providing security for equipment and records and a clean and healthy environment. Roofs should not leak, walls should not be broken, windows should close securely, and there should be locks for the main building and individual rooms (if applicable). The states of the facilities' building infrastructures are shown in the Figure 1. Generally, the building infrastructures in most facilities were in deplorable conditions.

- Thirty-eight percent of the facilities were found to have leaks or damaged roofs and/or ceilings. More than 50% of the PHC assessed in nine of the 18 states were found to have leaks or damaged roofs and/or ceilings.
- Twenty-six percent of the facilities have damaged walls. For example, 86% and 75% of the facilities in Kogi and Gombe states, respectively, have damaged walls.
- Thirty percent of the facilities in the states had damaged or unfinished floors. For example, more than 50% of the facilities in Kogi, Yobe, Taraba, Nasarawa, and Gombe states have either damaged or unfinished floors.
- Fifty-eight percent of the facilities have one area of the building infrastructure that is defective or damaged. Parts of the building infrastructure assessed were roof and ceiling, walls, floors, and windows.
- Overall, the building infrastructure to support quality services of HIV in Yobe, Taraba, Nasarawa, Kogi, Kano, Kaduna, Gombe, Cross-River, Borno, Benue and Anambra states could be described as dilapidated.

Figure 1 describes the percentage of primary health care facilities in the state with the indicated infrastructure conditions.

Figure 1: Percent of Facilities by State with Disrepair of at Least One Infrastructure Component



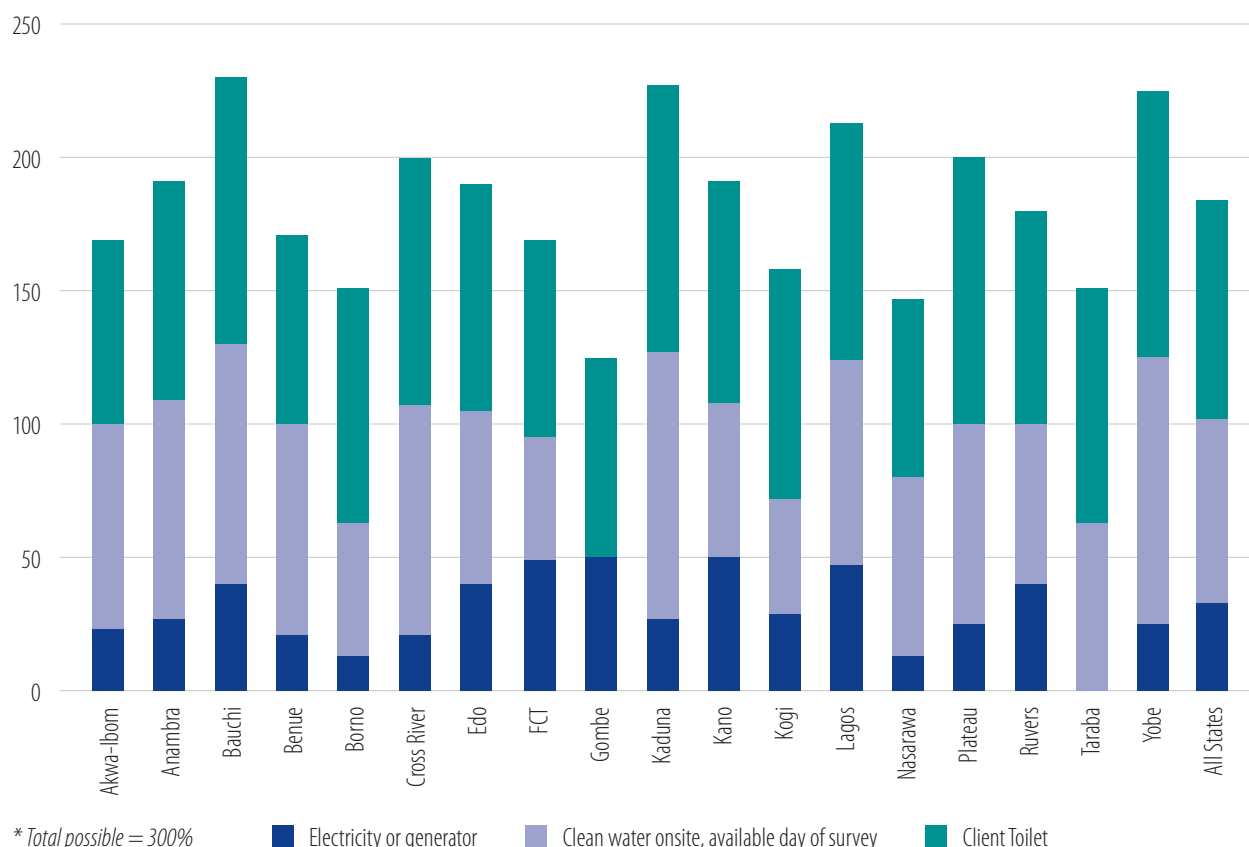
Note: Infrastructure components that could be in disrepair include walls, floors, windows, doors, or lack of a lock.

Basic Infrastructure Components to Support Quality Service: An enabling working environment is critical for effective and efficient delivery of quality service to the clients and patients by the health workers. The enabling environment should include the physical infrastructure and other basic requirements for delivering quality services. In this assessment, the enabling environment was defined as having the following: regular power supply (electricity or generator); system for external communication, computer or email; emergency transportation; clean water onsite; client toilet; good building infrastructure; and at least one area where visual and auditory privacy can be maintained for outpatient service consultations.

- Thirty-three percent of the facilities had either electricity or a generator during the assessment.
- Fifteen percent of the facilities had some external communication system, and 4% of the facilities had a computer and email access. There were no computers and email access in the assessed facilities in 11 states.
- Eighteen percent of the facilities reported they have an emergency transportation system. None of the facility assessed in Taraba, Nasarawa, Kogi, Gombe, Borno, and Benue states had an emergency transportation system in place.
- Only 69% of the PHCs had a source of clean water on facility grounds where water was present the day of the survey. The presence of clean water on facility grounds varied across the states. For example, all of the assessed facilities in Kano and Yobe had clean water onsite the day of the survey, while this was true for only half or fewer of the facilities in Borno, Gombe, Kogi, and FCT.
- Eighty-two percent of the facilities were found to have a toilet for the clients. In all the states, 50% of the facilities in the assessment have a toilet for the patients.
- Forty-two percent of the facilities were found to have a good building infrastructure during the assessment (Figure 1, provides details for building structural findings).
- Seventy-six percent of facilities were found to have a site where visual and auditory privacy was possible for consultations in the outpatient service area. Less than half of the facilities assessed in Rivers (40%) and Akwa-Ibom (31%) states were found to have a private consultation room for outpatient services.

Overall, facilities in the states of Benue, Kogi and Taraba were generally less likely to have the basic amenities available compared to other states. Figure 2 shows the percentage of primary health care facilities in a state with specific basic amenities and infrastructure components.

Figure 2: Percent* of Health Facilities by State with Select Infrastructure

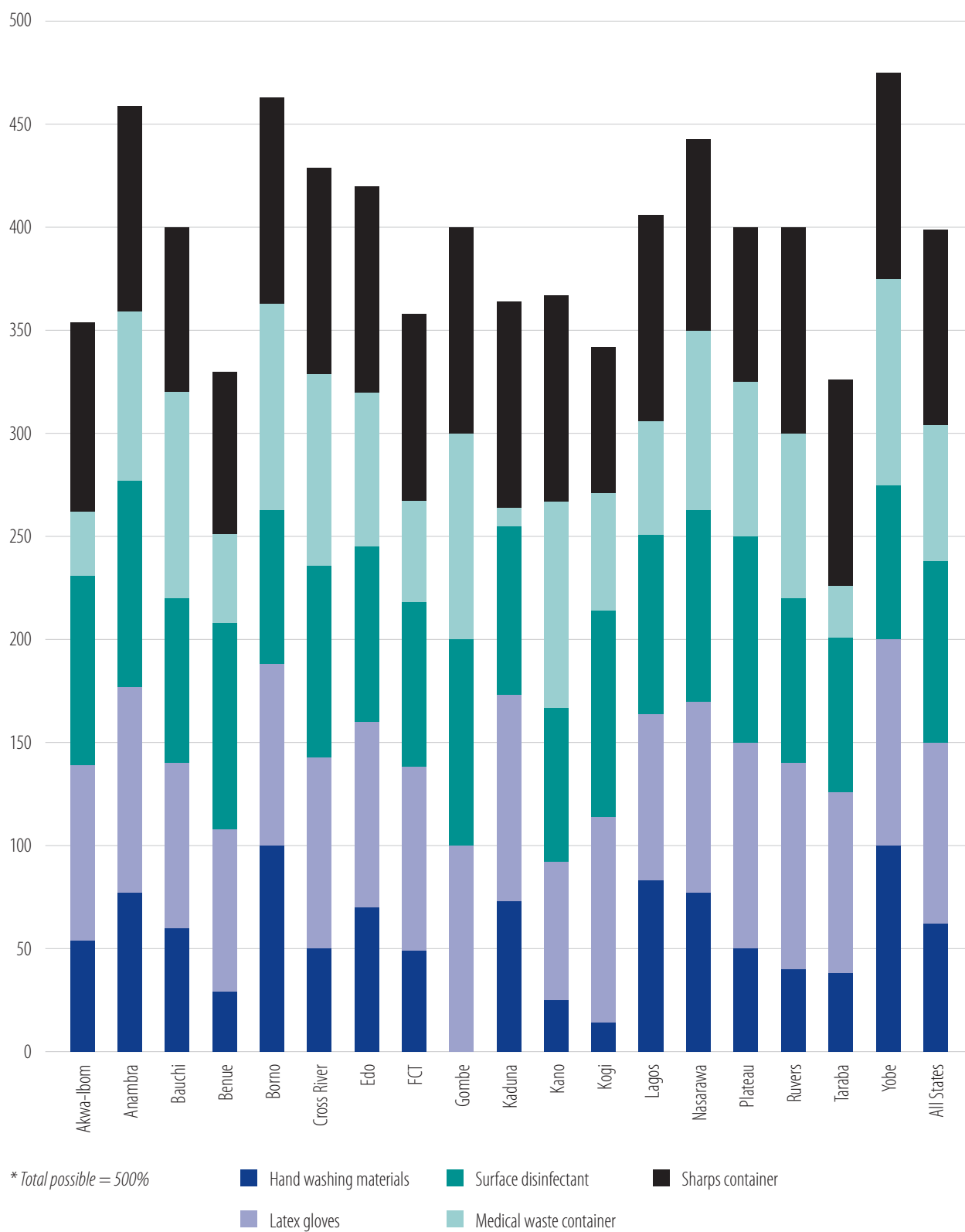


Standard Precautions

Facility Level: Infection control, including HIV, is of prime importance in the health service delivery system. Health workers must be able to work in a safe working environment and must be provided with all the safety training and equipment needed to carry out their roles and responsibilities. Furthermore, the health care workers must be able to render services to their clients in the safest manner, which means using the best standard safety precautions. Disposing of needles and medical waste properly, sterilizing medical equipment appropriately, and disinfecting restrooms and work areas are among the basic safety standard precautions expected in the health facilities including primary health care centers. To determine a PHC's readiness to deliver HIV services, maintaining standard precautions, the following were assessed: the availability of sterilizer, latex gloves, soap for handwashing, disinfectant, and a sharps container. Figure 3 on the next page shows the availability of these items.

- Twenty-four percent of the facilities had a functioning sterilizer with no facilities in Yobe, Taraba and Rivers states reporting the availability of a sterilizer. It should be noted that equipment not used for surgery can be safely sterilized using high-level disinfecting processes.
- The availability of latex gloves (87%), soap for handwashing (88%), surface disinfectant (87%) and sharps containers (92%) was high
- The availability of the standard precautions items was high with the exception of the sterilizer indicating that the majority of the primary health care facilities assessed have good standard precautions that would enable health workers in the facilities be protected from infection and at the same time deliver services to their clients in the safest way that would not lead to further infections.

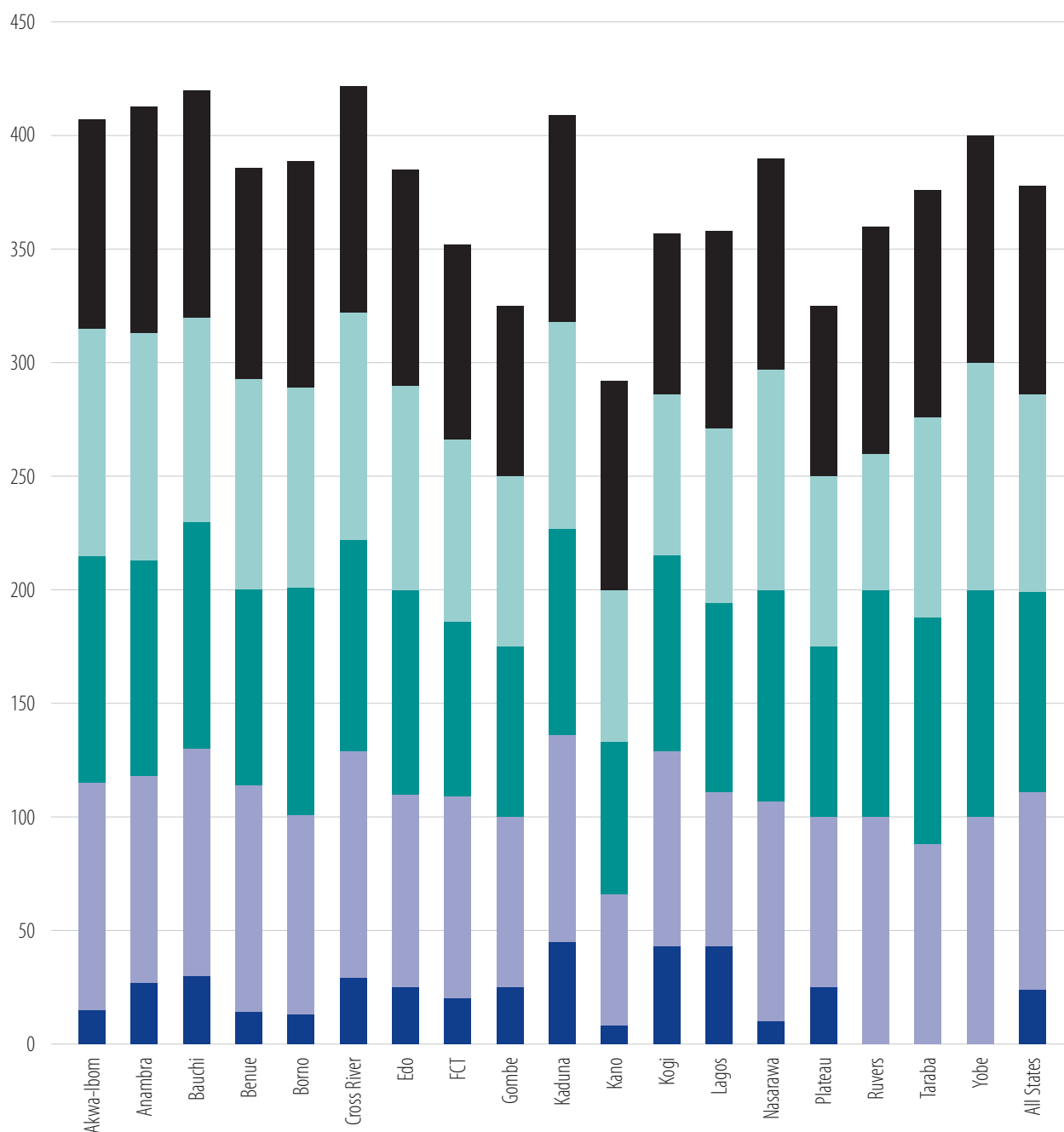
Figure 3: Percent* of Facilities by State with Standard Precautions Available in the Main Outpatient Service Area



Standard Precautions at the Main OPD: Standard precautions for preventing infections often are not uniform across service areas in larger facilities with multiple service sites; however, for the purposes of this assessment, the main outpatient department (OPD) service site was selected as an indicator for the overall facility situation. The availability of indicated items for standard precaution in the OPD service area are presented in Figure 4.

- Sixty-two percent of the facilities were found to have soap and running water, or hand disinfectant for handwashing in the OPD service area. The availability of handwashing materials was found to be poor in the facilities in the states of Taraba (38%), Kogi (14%), Kano (25%), Rivers (40%) and Benue (29%).
- The availability of latex gloves (88%), surface disinfectant (88%) and sharps containers (95%) was high.
- The availability of medical waste containers was poor in Taraba (25%), Kaduna (9%), Benue (43%) and Akwa-Ibom (31%).

Figure 4: Percent* of Facilities by State with Items for Standard Precautions in the Main Outpatient Service Area



* Total possible = 500%

■ Sterilizer
 ■ Latex gloves
 ■ Soap for hand washing
 ■ Surface disinfectant
 ■ Sharps container

Waste Disposal Systems: The unsafe disposal of medical waste such as bandages and sharp items such as syringes and needles, among others, poses serious health risks to people and the environment. These risks include infections with HIV, hepatitis, sexually transmitted infections (STIs), and other diseases transmitted via body fluids or environmental pollution. Figure 5a gives information about how the facilities are disposing their medical waste (or how they are storing it prior to having it removed for final disposal elsewhere) and Figure 5b provides information on the percent of facilities within each state who are using an accepted means of storing and disposing of waste and where visual inspection showed no unprotected waste onsite at the disposal and storage location.

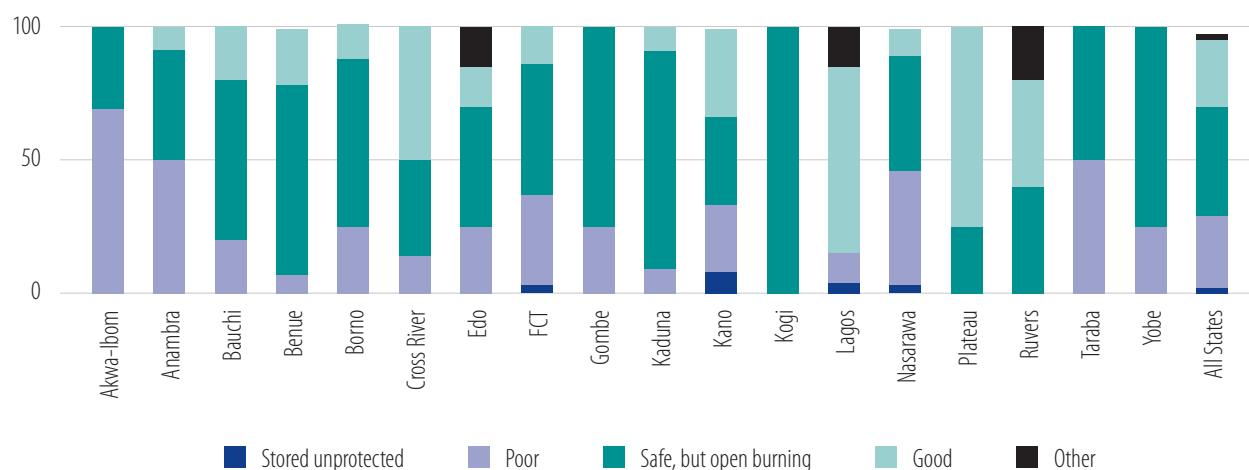
Figure 5a

- Only 2% of facilities had at least an incinerator. Additionally, 24% of facilities had safe disposal areas (dumped in a covered or protected pit and later buried or stored in a protected site until removed offsite). Similarly, an additional 41% of facilities disposed of medical waste in a protected area but used open burning, which is discouraged because of environmental pollution. This practice is common among facilities in states like Yobe, Taraba, Federal Capital Territory, Rivers, Nasarawa, Kogi, Kaduna, Gombe, Edo, Borno, Benue, Bauchi and Anambra.
- Sharp items are often disposed along with medical waste but sometimes have special systems.

Figure 5b

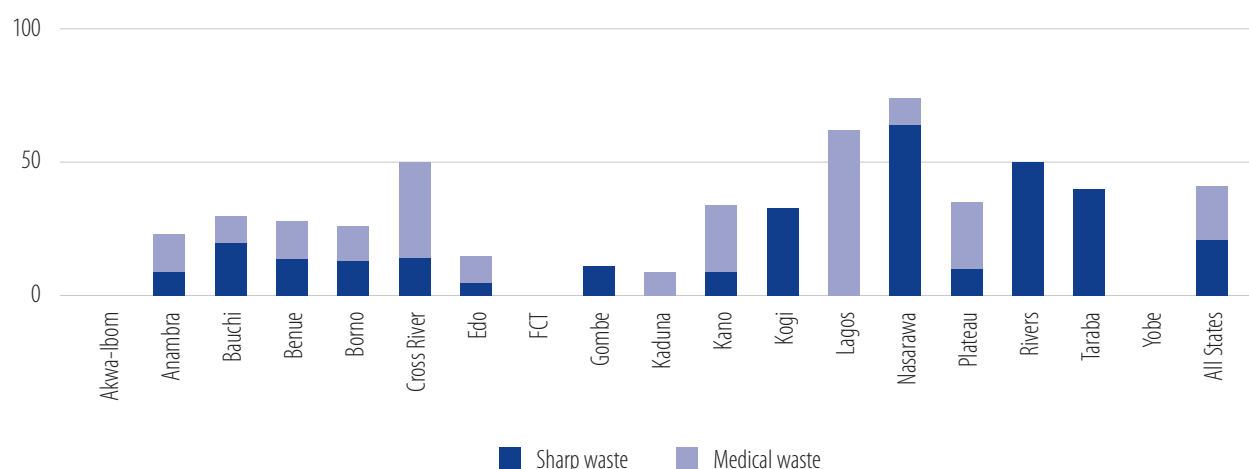
- Overall, only around 20% of the facilities assessed had both accepted methods for storage or disposal of either medical or contaminated waste and protected environments at the disposal site.
- Some states have clearly taken special action for disposal of sharps wastes but are not paying sufficient attention to medical waste (Taraba, Rivers, and Kogi). This may be a result of attention to sharps disposal for immunization and HIV testing programs over the years.

Figure 5a: Quality of Waste Disposal Systems, Percent of Facilities by State



Note: "Poor" storage includes flat ground with open burning, flat ground with no protection and an open pit with no protection. "Safe but open burning" only includes a pit or protected ground where waste is burned. Good includes 2 or 1 chamber burn incinerators, a covered pit, protected ground, a covered container, or other protected space. Other captures all other waste facilities.

Figure 5b: Percent of Assessed Facilities by State with Safe System of Medical and Sharps Waste Disposal Practice



PHARMACEUTICAL MANAGEMENT SYSTEMS

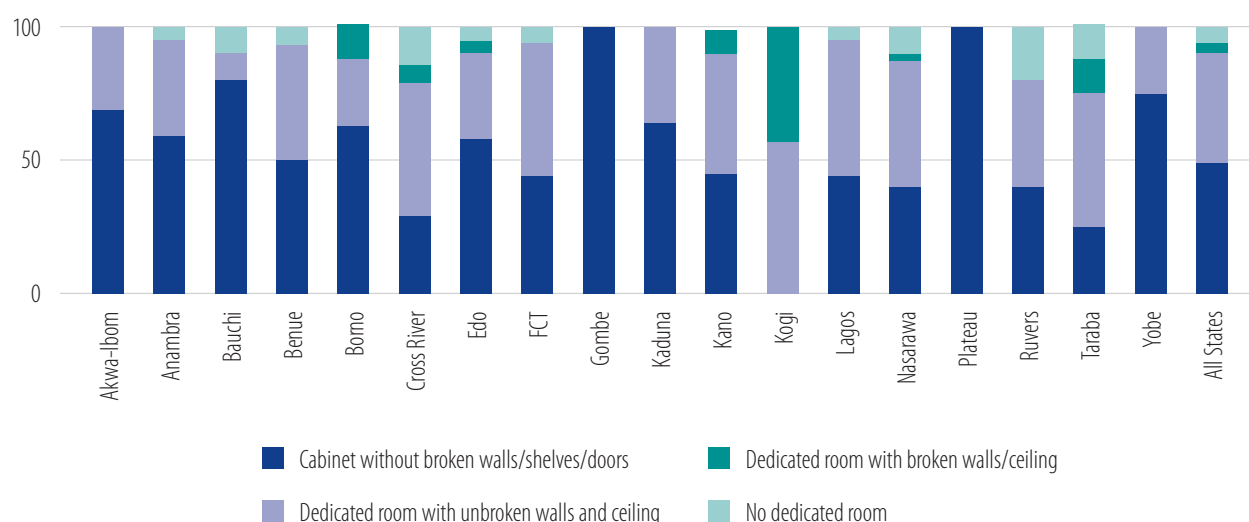
A well-functioning system for providing access to quality essential pharmaceuticals (along with health products and technologies) is one of the seven essential functions of a health system. A pharmaceutical system consists of functions and activities to select, quantify, procure, store, distribute, use and monitor quality-assured health products. Assessment of pharmaceutical management systems consisted of assessing the storage location, conditions in the storage location, and documentation for drug inventory management.

Storage Location

Figure 6 provides information on the storage location of pharmaceutical products and supplies.

- Ninety percent of the facilities store medicines either in a cabinet or a room that is in good condition (no broken shelves or damaged walls or ceiling).
- Ten percent of facilities do not have a good storage area for medicines. They either store medicines in a room with poor infrastructure or there is no dedicated room or cabinet.
- The state of medical storage conditions varied by state. For example, 50% or more of the facilities store medicines either in a cabinet or a room that is in good condition in Bauchi, Akwa-Ibom, Anambra, Borno, Gombe, Kaduna, Benue, Edo, Plateau, and Yobe states.
- About 10–50% of the facilities in Taraba, Rivers, Nasarawa, Kogi, Cross-River, Bauchi, and Borno states have bad locations for storing pharmaceuticals (either store medicines in a dedicated room with damaged walls and ceilings or there is no dedicated room at all).
- There is a need to strengthen the storage location for pharmaceuticals in many primary health care facilities before they start scaling up their PMTCT and ART services.

Figure 6: Storage Location for Pharmaceuticals, Percent of Facilities by State

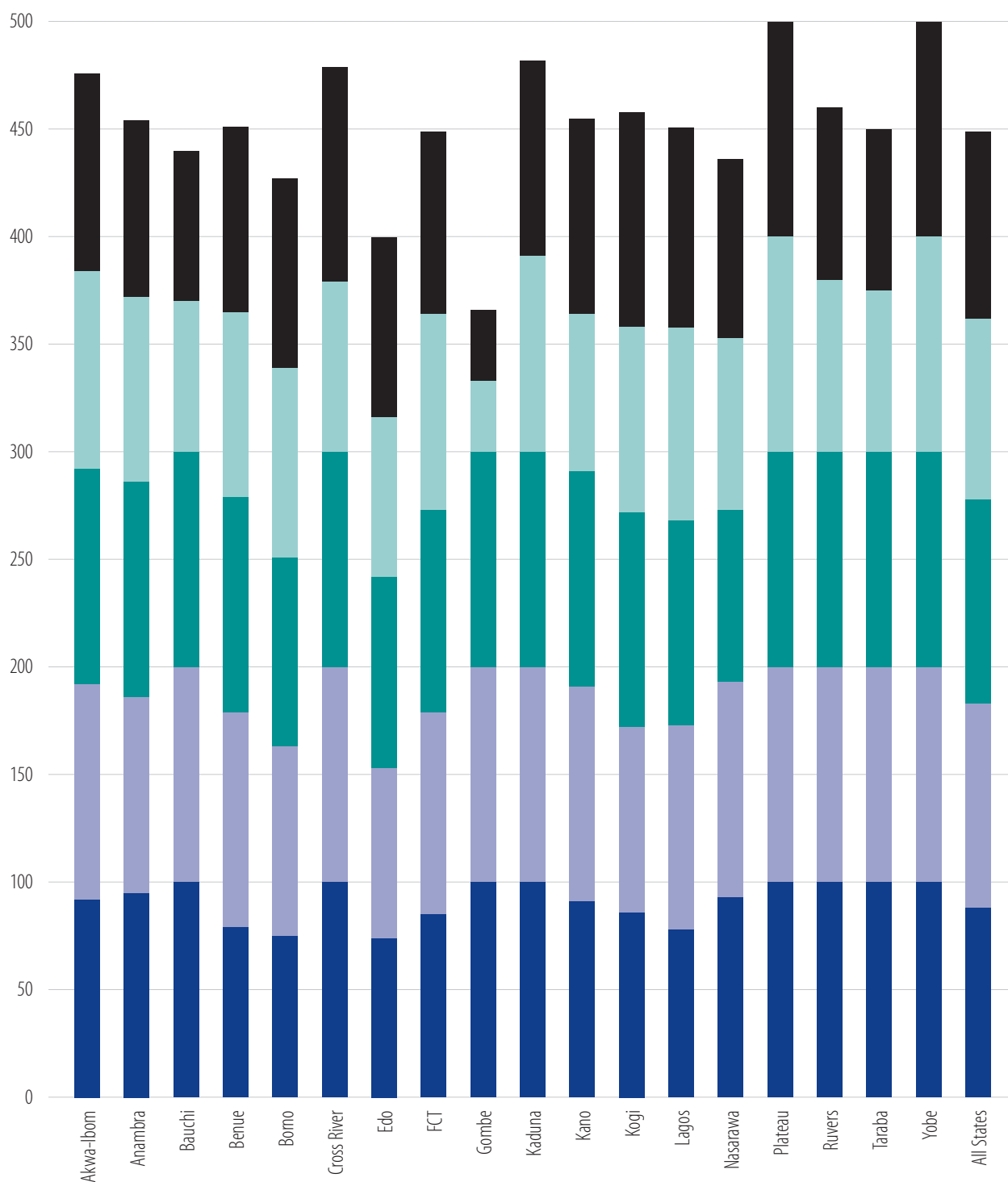


Drug Storage Conditions

Facilities were assessed on their drug storage conditions with respect to the following: off the floor; protected from water; protected from the sun; evidence of rodents and whether the room is well ventilated. Figure 7 describes the details of drug storage conditions:

- Five percent of the facilities were found to store drugs in places that are not protected from the water and sunlight. This implies that a majority of the facilities in the states had the pharmaceuticals stored in a place protected from water and sunlight.
- Sixteen percent of the facilities were observed to have evidence of rodents in the storage area; twelve percent of medicines were not all off the floors, and thirteen percent were in rooms that were not well-ventilated.
- Gombe and Edo states had the weakest drug storage systems.

Figure 7: Details for Drug Storage Conditions, Percent of Facilities by State



* Total possible = 500%

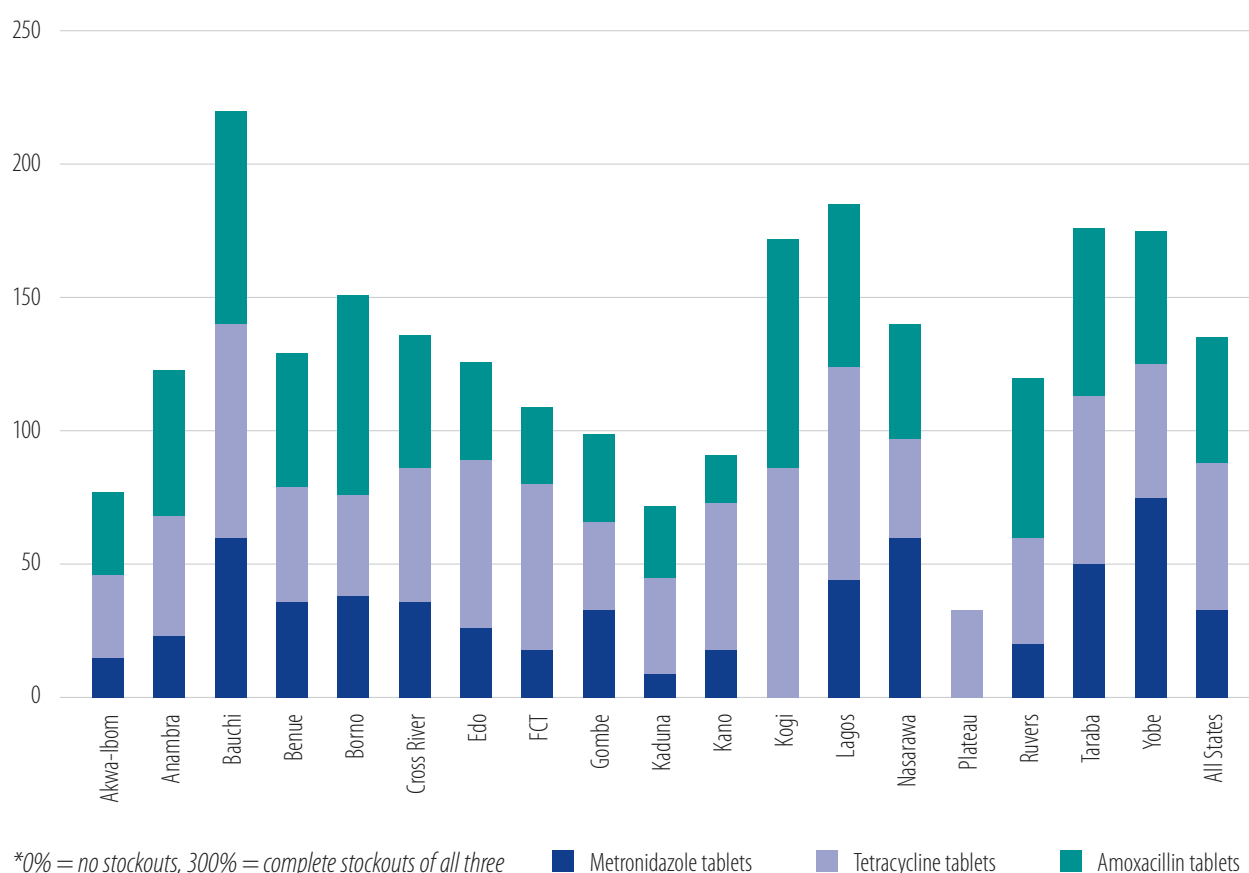
- Off the floor
 Protected from the sun
 Room well ventilated
- Protected from water
 No evidence of rodents

Stock-Outs of Key Drugs

A wide range of medicines and other pharmaceutical products are needed to support implementation of a comprehensive package of HIV/AIDS services for treatment, care, and prevention. Stock-outs can result in treatment interruptions that may quickly lead to treatment failure and the development of drug resistance. The success of HIV and AIDS treatment programs is largely dependent on the capability of the health-care team to provide a regular and uninterrupted supply of necessary medications. For this survey, three tracer drugs were assessed for stock-out.

- Thirty-three percent of the facilities were out of Metronidazole tablets; 55% had stock-outs of tetracycline tablets; and 47% had stock-outs of amoxicillin tablets in the six months prior to the assessment.
- Stock-outs of key drugs at any time during the past six months are a problem across the states, but are most problematic in Plateau, Kaduna, Kano, and Akwa-Ibom states.

Figure 8: Percent* of the Facilities by State that Experience Stockouts of Key Drugs

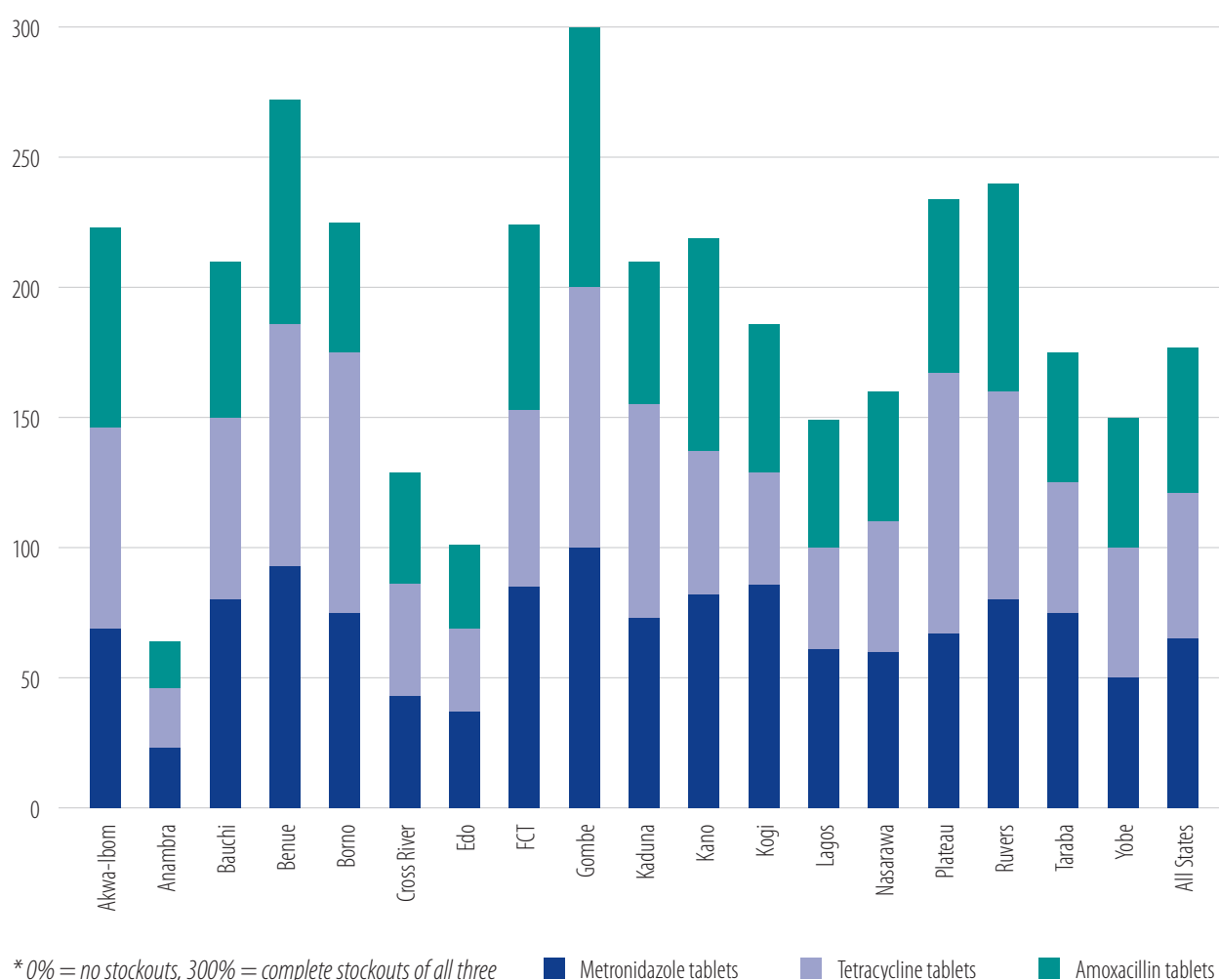


Stock Record Keeping Practice

Good stock recordkeeping of drugs and other supplies means properly maintaining adequate supplies to ensure uninterrupted services. It will help in ensuring availability of materials and medicines when needed, avoid the use of expired drugs, and minimize wastage. The non-availability resulting from under stocking of drugs, supplies and materials may lead to compromising the quality of services while over stock can result in wastage. Therefore, up-to-date stock recordkeeping of drugs is best for facilities to maintain quality service. The status of the record keeping of drugs is presented in Figure 9.

- Keeping records up to date is also a problem.
- Around half to a third of all facilities did not have up-to-date stock cards for each of the three tracer drugs.
- Anambra, Cross-River and Edo states were weakest in keeping up-to-date records of stock cards for the each of the tracer drugs.

Figure 9: Percent* of Facilities by State Where Stock Records Were Up to Date (by Drug)



LINKAGES AND EXTERNAL SUPPORT

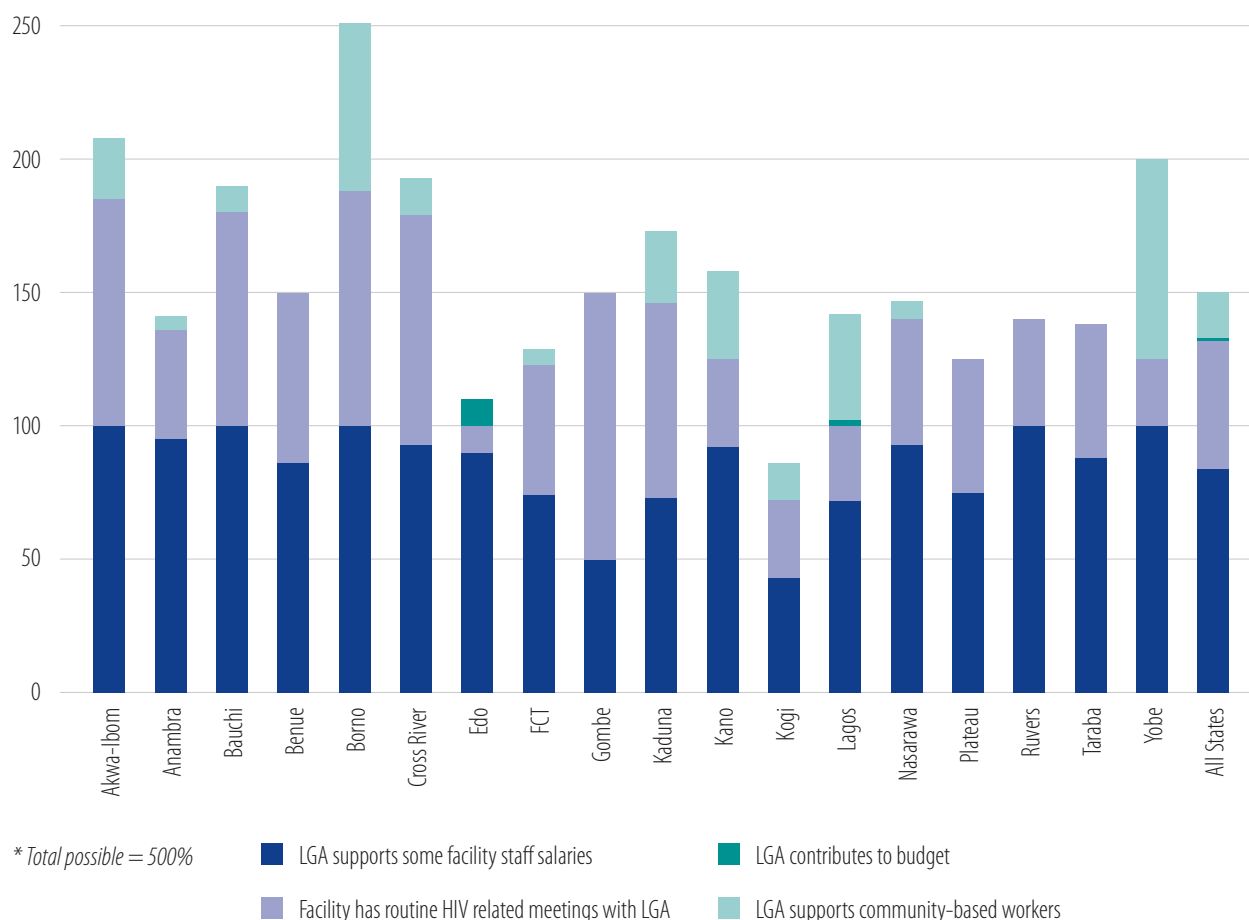
Collaboration and linkages between the facilities and local government councils are essential to plan, implement, and delivery qualitative and comprehensive HIV prevention and care services. Coordination of resources (programmatic, skills, fiscal, and personnel) strengthens prevention and care efforts in local areas, especially in times of increasing demand and decreasing dollars.

Local Government Areas (LGAs)

In Nigeria, LGAs are responsible for providing first health care through PHC to the population. Therefore, the link between facility and LGA in respect to availability of resources to support health programs, especially HIV services, is critical with dwindling financial support from the donor communities. The facilities readiness to provide HIV services with respect to the linkages and external support were assessed through LGA budgetary allocation, staff support, and meetings with stakeholders. The results are presented in Figure 10.

- The most common support facilities get from local government councils is facility staff salaries.
- Eighty-four percent of the assessed facilities reported that local government council supports facility staff salaries with variation by state. For instance, 43% and 50% of the assessed facilities in Kogi and Gombe states, respectively, reported that local government council support salaries of some facility staff while more than 70% of the assessed facilities in the remaining states reported that local government council support salaries of their staff. This may be due to including private facilities in the assessment, which local governments are not expected to support with staff salaries.
- Forty-eight percent of the facilities reported having routine HIV-related meetings with LGA. This may be true where the LGA has already established the Local Action Committee on AIDS (LACA). Routine meetings with LGA are reported least in Lagos (28%) and Kogi (29%).
- Seventeen percent of the facilities reported that the local government supports community-based workers.
- Only 1% of the facilities reported that local government councils have contributed to the HIV-run budget of the facilities. This support was only reported from the facilities assessed in Edo state.

Figure 10: Percent* of Facilities by State with the Indicated Local Government Area (LGA) Relations

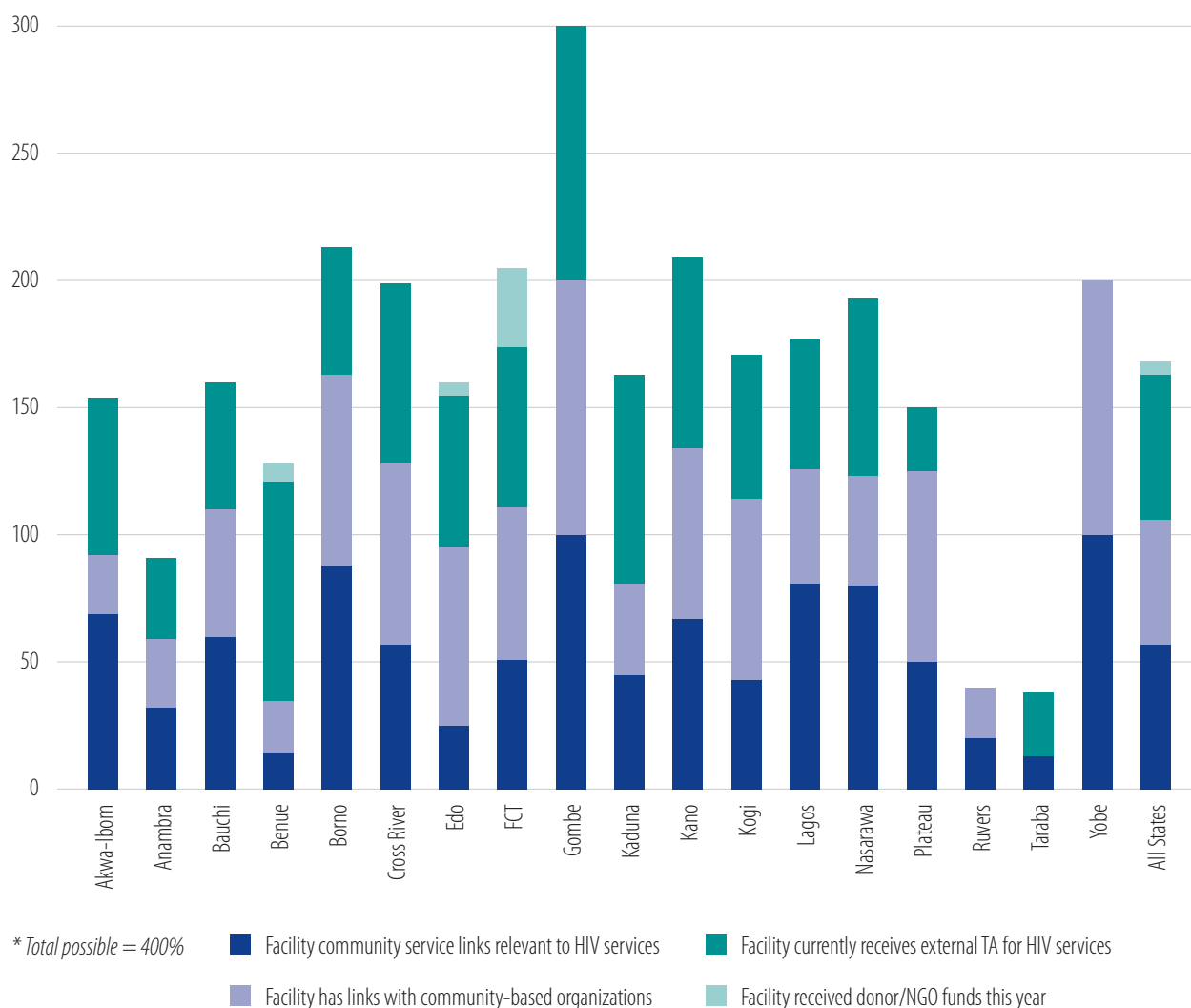


Linkages with Community

Linkages to community resources and support are important to help people living with HIV/AIDS and their caregivers to gain access to services and support across the continuum of HIV care. There are community-based services available for PLWHA in most places, but often groups and organisations do not know about each other or are unaware how they can work together. Without this collaboration, healthcare workers are handicapped in their ability to refer clients and their families to the community-based organizations that can assist them. In all, the community adds to the delivery of high quality HIV services in many ways such as adherence counselling for those on ARVs. The community linkage was assessed and highlights of the results are presented in Figure 11.

- Fifty-seven percent of the facilities were found to link relevant HIV services with the community.
- Less than half (49%) of the facilities reported to have links with community based organizations.
- Fifty-seven percent of the facilities are currently receiving external technical assistance for HIV services.
- Thirty-one percent of the facilities in the Federal Capital Territory have received funds from either donors or NGOs in 2012. This might be under reporting because the funds are sometimes channelled through the LGA, and the facility is unaware of the source of support.
- Overall, only facilities in FCT, Edo, and Benue reported having received external funds.
- Taraba, Rivers, Benue, and Anambra are the weakest with respect to facility and community linkages.

Figure 11: Percent* of Facilities by State with the Indicated Links/Support with Community



STAFFING

Primary health care facilities in Nigeria continue to be staffed by a variety of health care workers organized in a civil service hierarchy. At the top are medical officers or physicians. Below them are community health officers (CHOs), nurses, midwives, senior and junior community health extension workers (SCHEWs and JCHEWs), and environmental health officers. A number of health care staff in other categories also work in the health facilities, including lab technicians, pharmacy technicians, medical records officers, dental assistants, health attendants, and security guards. These are grouped as “support” staff. The availability of qualified health care workers is important to the delivery of qualitative HIV services especially as this places an increased workload on the available staff. Thus, the readiness assessment of PHCs to deliver HIV services focuses on the availability of qualified staff and the percentage of assigned staff who were present the day of the assessment.

Table 1 shows the number of staff of each health care worker cadre among facilities in each state included in the assessment. The typical facility in the assessment had at least one health care worker in the cadre of community health officer/community health extension worker, professional nursing/midwifery and physician. The presence of other categories of health workers such as laboratory (technician, scientist) and pharmacist or pharmacy technician are few in the facilities assessed. However, the numbers of health care workers in the assessed facilities are unevenly distributed among the states. For example, Lagos state has more clinical training staff (physicians and nurses/midwives) than other states in this assessment. There are 132 full-time physicians and 329 nurses/midwives in Lagos states with 47 assessed facilities. The Federal Capital Territory with 35 assessed facilities has 24 full-time physicians and 126 nurses/midwives. This illustrated that a facility assessed in Lagos state has an average of 2.8 full-time physicians and 7 nurses/midwives while a facility assessed in the FCT has an average 0.7 full-time physician and 3.6 nurses/midwives. Furthermore, the variation in the presence and number of health care workers in the assessed facilities among states shows differences among states located in the southern and northern regions of the country. States in the southern region of Nigeria have more clinical training staff than their counterparts in the northern region. For example, CHOs/CHEWs are commonly found in many of the assessed facilities among states in the northern region as compared with either physician or professional nursing/midwifery among the states in the southern region of Nigeria.

Although with task shifting it is expected that nursing level staff can be trained to prescribe ART and provide clinical follow-up for ART clients, it is important to know the availability of physician- or medical assistant-level staff in facilities, since with these qualifications, appropriate ART prescription and client follow-up services are more easily introduced. We provide information for the percent of facilities with any staff at these levels and for those with at least two staff at these levels. One can assume that when introducing ART services, the work-load will increase, so at least two physician/medical assistant level staff will improve the practicality of adding these higher level services. Table 2 shows the percentage of assessed facilities within the state with various professional staffing patterns.

Thirty-two percent of the assessed facilities have at least one full-time physician, and 47% have at least one full-time physician or medical assistant or part-time physician. It should be noted that the availability of clinical staff in the cadre of physician or medical assistant are unevenly located across the 17 states and FCT in the assessment. For example, 70% of the 47 assessed facilities in Lagos have at least one full-time physician, and 36% have at least two full-time physicians or a medical assistant or a part-time physician. The pattern in Kano state is different, with 8% of the 12 assessed facilities having at least one full-time physician and 8% of the facilities also having at least two full-time physicians or a medical assistant or a part-time physician.

Thirteen percent of the facilities have no professional staff (physician, medical assistant, nursing, or midwifery) assigned, with the percent of assessed facilities within states without any professional staff ranging from none to 67% of 12 assessed facilities (Kano). An additional 19% of facilities had only one professional staff assigned. Providing ART or PMTCT services in addition to routine maternal, newborn and child health and reproductive health services under conditions of only one or no professional staff would be quite difficult. The individual state reports provide further information on staffing levels by facility.

Table 1: Total Number of Staff in Each Designation of Health Care Workers Among Assessed Facilities by State

State/Designation	Facilities assessed	Physician (full-time)	Physician (part-time)	Medical assistant	Professional nursing/ midwifery	Laboratory (technician, scientist)	Pharmacist or pharmacy technician	Community health officer, Community health extension worker	Total all staff (clinical, management, assistants, support)
Akwa-Ibom	13	5	9	1	105	9	5	55	298
Anambra	22	6	12	3	32	7	3	38	181
Bauchi	10	8	5	5	77	14	5	42	546
Benue	14	2	3	0	38	15	1	55	224
Borno	8	0	2	33	45	5	1	55	227
Cross-River	14	9	0	0	75	18	14	133	344
Edo	20	12	1	0	56	12	8	36	328
Federal Capital Territory	35	24	8	19	126	35	14	144	605
Gombe	4	0	0	0	11	1	0	29	117
Kaduna	11	6	6	4	71	25	11	68	255
Kano	12	8	15	2	26	10	7	60	364
Kogi	7	6	0	2	45	11	8	41	288
Lagos	47	132	5	2	329	40	55	138	1,015
Nasarawa	30	1	5	26	39	25	2	139	561
Plateau	4	3	0	1	27	1	0	6	38
Rivers	5	4	0	0	21	17	6	30	130
Taraba	8	0	1	4	13	2	0	25	82
Yobe	4	0	0	4	6	5	0	22	100
All facilities	268								

Table 2: Percent of Assessed Facilities by State with the Indicated Staffing

State/Designation	Number of facilities assessed	Percent of facilities with the indicated staff					
		At least 1 physician full-time)	At least 2 physician full-time)	At least 1 full-time physician or MA or physician part-time	At least 2 full-time physician or MA or physician part-time	Only 1 professional staff (MD, MA, nurse/MW)	No MD, MA or professional nurses/ midwives
Akwa-Ibom	13	31	8	54	31	8	
Anambra	22	14	9	50	9	41	18
Bauchi	10	30	20	40	30	20	
Benue	14	14	0	21	7	29	7
Borno	8	0	0	50	38		
Cross-River	14	21	7	21	7	29	7
Edo	20	40	10	45	10	20	5
Federal Capital Territory	35	49	17	57	32	11	11
Gombe	4	0	0	0	0	25	
Kaduna	11	18	18	27	18	18	
Kano	12	8	8	33	8	8	68
Kogi	7	57	29	71	43		14
Lagos	47	70	36	74	36	17	2
Nasarawa	30	3	0	17	7	20	37
Plateau	4	75	0	75	25		
Rivers	5	60	20	60	20	20	
Taraba	8	0	0	50	13	38	25
Yobe	4	0	0	50	50	25	
All facilities	268	32	14	47	21	19	13

Findings for Services

Service components and recordkeeping for prevention of mother-to-child transmission (PMTCT) services and antiretroviral related services (either prescription services or client follow-up without prescription) were assessed to provide a picture of the quality of services and information available for monitoring services. Components of care and support services provided by facilities offering any ART or ART client follow-up services were also assessed.

Table 3 provides information on the numbers and percent of facilities in each state that provide the indicated services.

- The overview of status of ART and PMTCT services in each state included in the assessment is presented under each state profile. For example, many of the facilities in the Federal Capital Territory (FCT) reporting that they follow up ART clients do so without coordination with the ART service provider. They keep a list of clients whom they referred for ART and then provide follow-up to improve adherence. These facilities do this informally at their own initiative maintaining no records that can provide information on drop outs, deaths, persons who move, or those who are weak in compliance (e.g., do not keep appointments or may be late to go pick up their drugs). These facilities would be prime facilities to encourage to develop a more structured follow-up system. Further analysis can provide more information on this reported service.
- PMTCT Services
 - Thirteen percent of the assessed facilities reported PMTCT services where they conduct the HIV test but refer positive cases for ARVs. These facilities should be prime candidates for adding the ARV regimen (to improve compliance).
 - Among the facilities reporting PMTCT and provision of the ARV (38%)
 - * Thirty-one percent had the first-line ARV regimen available.
 - * Sixty-nine percent had either the first line or the alternative for facilities with limited resources (AZT+3TC and Nevirapine at onset of labor).
 - * Drug logistic management is clearly an issue.
 - Although some facilities offering PMTCT with ARVs had good quality scores, many did not. The detail information about the various components of PMTCT is described in the next part of the results.
- ART services
 - Few (4%) of the assessed facilities reported prescribing for ART. Among those who reported that they provide this service, 79% had one of the first line ART regimen available. Among the assessed facilities, results for prescribing for ART varied across the states. For instance 100% the facilities assessed in Gombe State reported prescribing ART, and 7% of the assessed facilities in Nasarawa state reported prescribing ART. There are no facilities among those assessed in 12 states that reported prescribing ART (see Table 1).
 - Twelve percent of the facilities assessed reported conducting ART client follow-up without ART prescription. More of the assessed facilities in Cross-River state (43%) reported ART client follow-up, no ART prescription compared with 8% of the facilities assessed in Akwa-Ibom and Kano States. None of the facilities assessed reported ART client follow-up, no ART prescription in Anambra, Bauchi, Benue, Lagos, Plateau, Rivers, Taraba, and Yobe states.

- Thirteen percent of the assessed facilities reported provision of care and support services along with ART prescription or client follow-up services. The state level information showed that 75% of the facilities in Gombe state reported offering care and support services along with ART prescription compared with 5% of the facilities assessed in Edo State providing care and support services along with ART client follow-up services (see Table 3, Column 7).
- There was some confusion among the respondents, and we noted that several facilities reported they provide ART and prescribe the drugs but were referring to PMTCT. We tried to clarify, but some of the facilities reporting ART may actually provide PMTCT.

Table 3: Percent of Facilities within Each State Offering the Indicated HIV Services

State name	Number of facilities assessed	PMTCT with CT no ARV	PMTCT with CT and ARV	ART Prescription	ART Client follow-up, no ART prescription	Care and Support Services along with ART Prescription or Client Follow-up Services
Akwa-Ibom	13	15%	54%	0%	8%	8%
Anambra	22	9%	23%	0%	0%	0%
Bauchi	10	70%	20%	10%	0%	10%
Benue	14	0%	71%	0%	0%	0%
Borno	8	38%	50%	25%	25%	38%
Cross-River	14	7%	71%	0%	43%	36%
Edo	20	5%	55%	0%	10%	5%
Federal Capital Territory	35	23%	29%	0%	17% ¹	11%
Gombe	4	0%	100%	100%	0%	75%
Kaduna	11	0%	91%	0%	45%	45%
Kano	12	8%	42%	8%	8%	8%
Kogi	7	29%	43%	0%	14%	14%
Lagos	47	4%	6%	0%	0%	0%
Nasarawa	30	3%	50%	7%	30%	33%
Plateau	4	25%	50%	25%	0%	0%
Rivers	5	0%	0%	0%	0%	0%
Taraba	8	0%	13%	0%	0%	0%
Yobe	4	100%	0%	0%	0%	0%
All facilities	268	13%	38%	4%	12%	13%

¹ Six of the 35 facilities reported ART client follow-up services, however on review of the data, three (Nukku PHC, Mpape PHC, and Tunga Maje PHC) did not provide these services

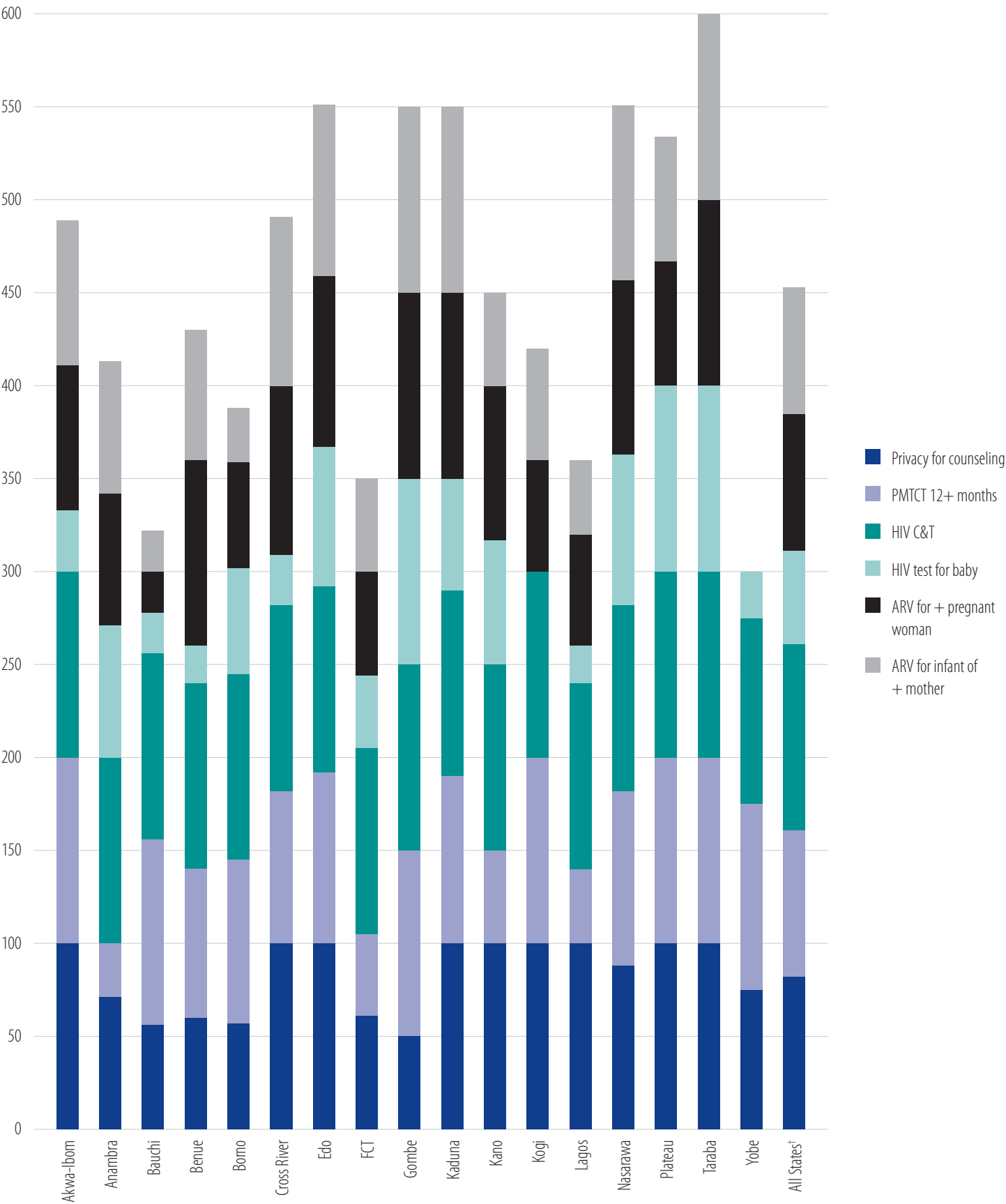
PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Mother-to-child transmission of HIV can occur during pregnancy, during delivery through infected birth canal, or after birth from breastfeeding. The basic package of essential health services specifies that PMTCT should be provided at the health facilities including PHC level. Readiness of the PHCs assessed to provide PMTCT services were based on the items in Figures 12, 13 and 14.

Facilities offering any PMTCT services were classified into two categories:

1. Reporting that they offer PMTCT services that, at a minimum include counselling on nutrition and/or infant and young child feeding, and HIV testing of pregnant women, but do not include provision of the preventive ARV for the positive woman, and
 2. Reporting that they offer PMTCT services that, at minimum include HIV testing in the facility and ARV provision for the positive woman.
- Eighteen percent of the assessed facilities do not have a place or room for visual and auditory privacy for conducting counselling.
 - Twenty-six percent of facilities do not provide the ARV for HIV-positive women, and 32% do not provide the ARV for the infants of HIV-positive women.
 - Yobe and Bauchi had the weakest levels of PMTCT services where services are being offered.

Figure 12: Percent* of Facilities by State that Reported PMTCT Service Components



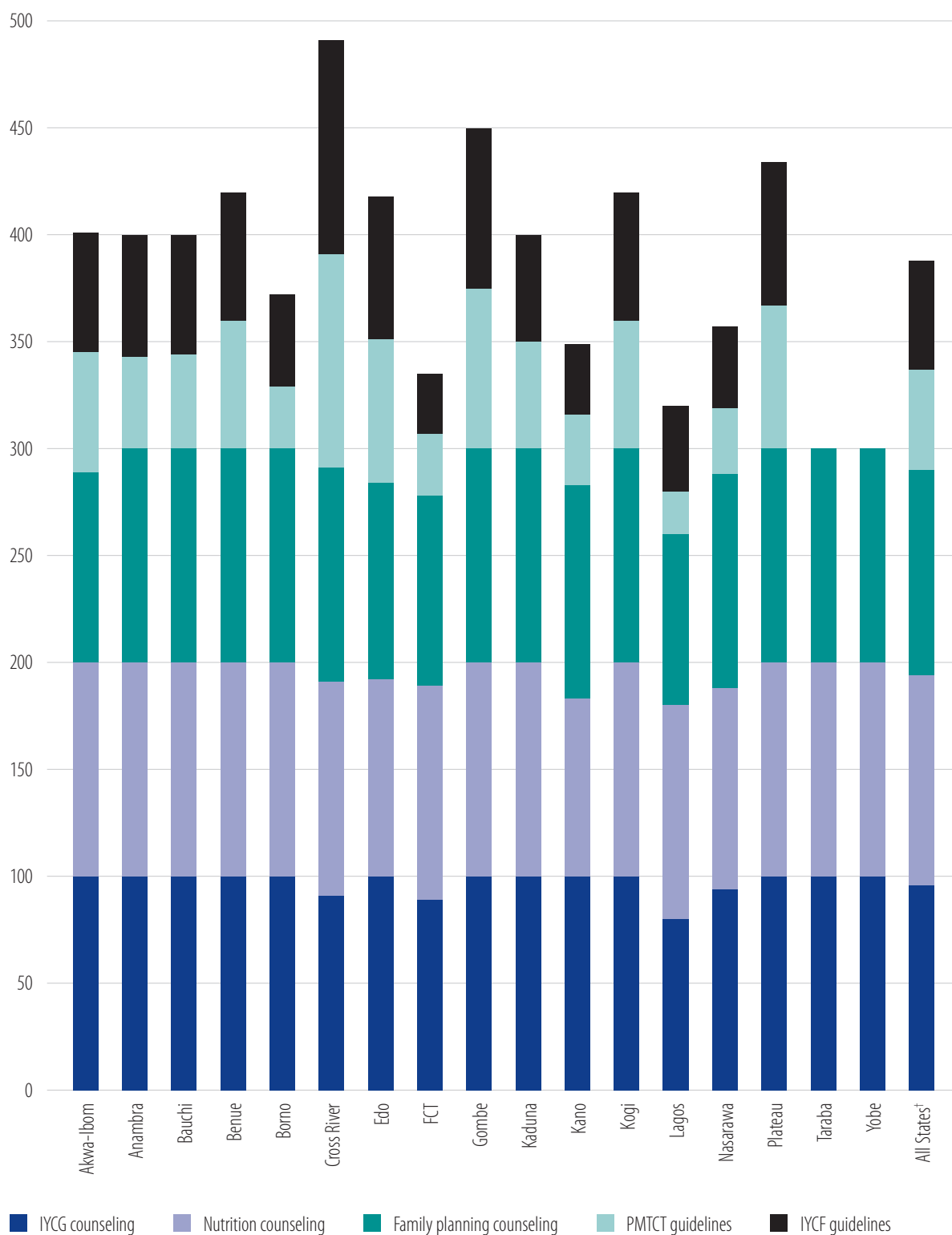
* Total possible = 600%, † All States includes those states listed on the graph as having data for this indicator

Counselling and Guideline for PMTCT Services

Guidelines for PMTCT and for infant and young child feeding for HIV-positive mothers are not available in more than half (51%) of facilities, although almost all (98%) report offering counselling on nutrition (see Figure 13).

- No facilities in Yobe and Taraba States had PMTCT guidelines during the assessment.
- Not all facilities offer family planning counselling for HIV-positive women. Four percent of the facilities reported not offering family planning counselling for HIV-positive women and varied by state. For example, 20% of the facilities in Lagos state reported not offering family planning counselling for HIV-positive women.

Figure 13: Percent* of Facilities by State that Reported Routine Counseling for PMTCT and Presence of Guidelines

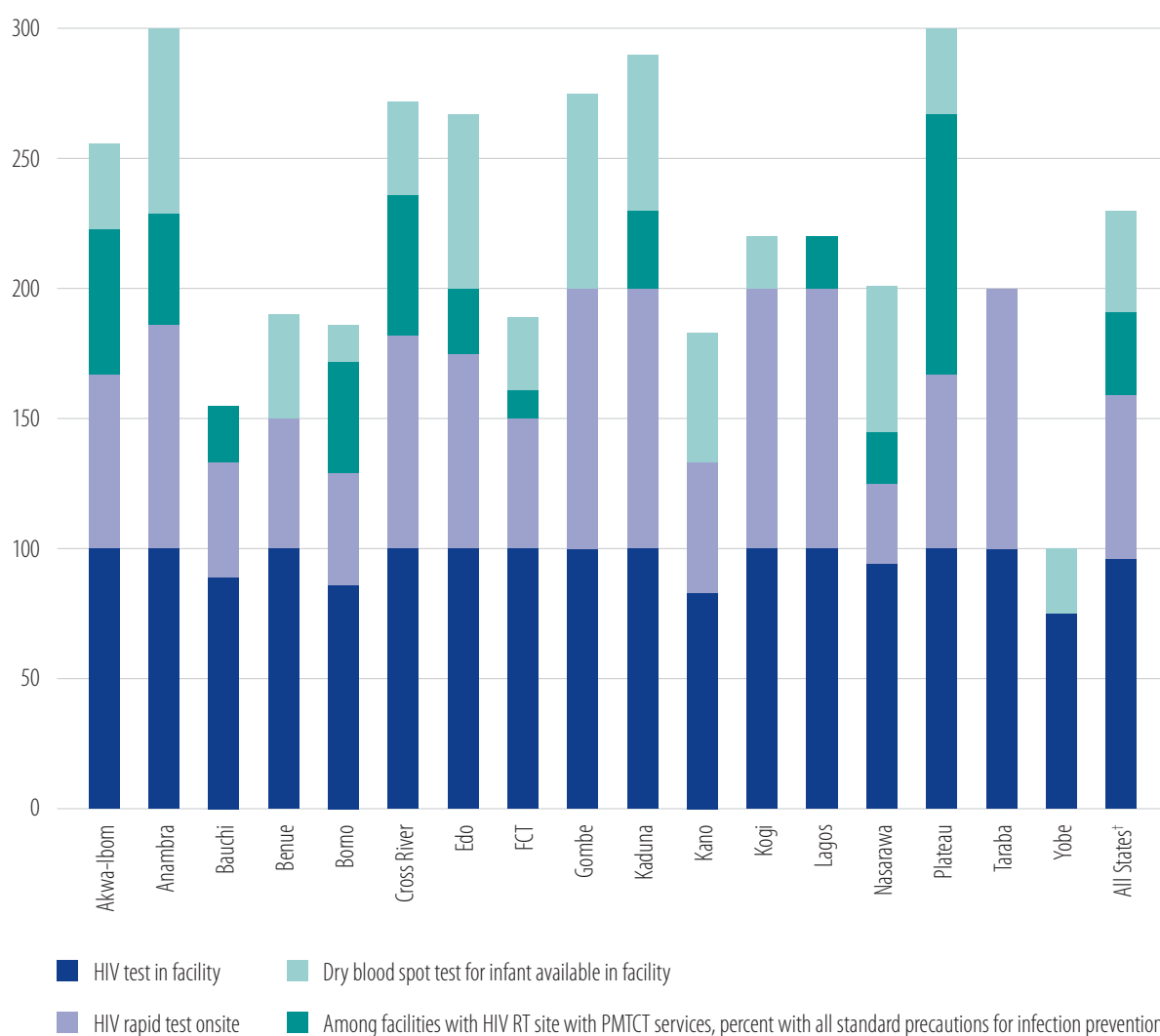


* Total possible = 500%, † All States includes those states listed on the graph as having data for this indicator

HIV Testing for PMTCT

- Ninety-six percent of the facilities had HIV test capacity available within the facility (onsite).
- Sixty-three percent of the facilities are offering HIV rapid test onsite with no assessed facility in Yobe state reporting onsite HIV rapid testing. Among these facilities, only 32% had all standard precaution items for infection control in the HIV testing area. This is essential both for provider and client safety.
- Thirty-nine percent of the facilities had the dry blood spot test for infants delivered by HIV-positive women, although, as noted in Figure 12, 50% reported providing the HIV test for infants.
- Infection control conditions at HIV rapid testing site need to be improved, as well as the final waste disposal for sharps and contaminated waste. This is particularly important when conducting HIV testing.

Figure 14: Percent* of Facilities by State that Reported Presence of Infection Control Items



* Total possible = 400%, † All States includes those states listed on the graph as having data for this indicator

ANTIRETROVIRAL THERAPY SERVICES

Uptake of antiretroviral therapy (ART) and scale-up ART sites have increased significantly since the provision of free antiretroviral therapy came into effect in 2004. The number of health facilities delivering antiretroviral therapy increased from 160 facilities in 2006 to 491 facilities in 2011.¹⁴ However, 1.4 million are the estimated number of people needing ART in Nigeria as of the end of 2010.¹⁵ This is part of the reason why the Government of Nigeria and U.S. Government partners are investing in decentralizing ART and related HIV services to the primary health care facilities in order to meet goal of universal access to ART. The PHC facilities are expected to prescribe ART as well as provide supervision of ART including home-based care. Readiness of the PHCs assessed to provide ART services were based on the items in Figures 15, 16, and 17.

Antiretroviral Prescription Services

Readiness to provide antiretroviral prescriptions was assessed based on the presence of the following nine indicators: ART client follow-up services available at least in the past 12 months; ART prescription services available at least in the last 12 months; availability of professional nurse or doctor in charge of ART services; ART guidelines; individual client card available; using the Ministry of Health ART register; official client card used; first line ART medications available/present; and presence of trained staff. Figure 15 shows the percentage of facilities within each state who reported ART prescription services.

- Only 4% of the assessed facilities reported ART prescription services. These were in Bauchi (10% of assessed facilities), Borno (25%), Gombe (100%), Kano (8%), Nasarawa (7%), and Plateau (25%).
- Among these facilities, 73% reported that ART prescription services have been offered 12 or more months. This varied by state with all facilities with ART prescription services in Plateau, Borno, Bauchi and Nasarawa states and 75% of those in Gombe states reporting the services have been offered 12 or more months.
- Twenty-seven percent of the facilities among those offering ART services reported assigning a professional nurse or doctor to be in-charge of ART; 27% had ART guidelines; and 27% used the official individual client chart.
- The official MOH ART client register is only used in 45% of the facilities prescribing ART services.

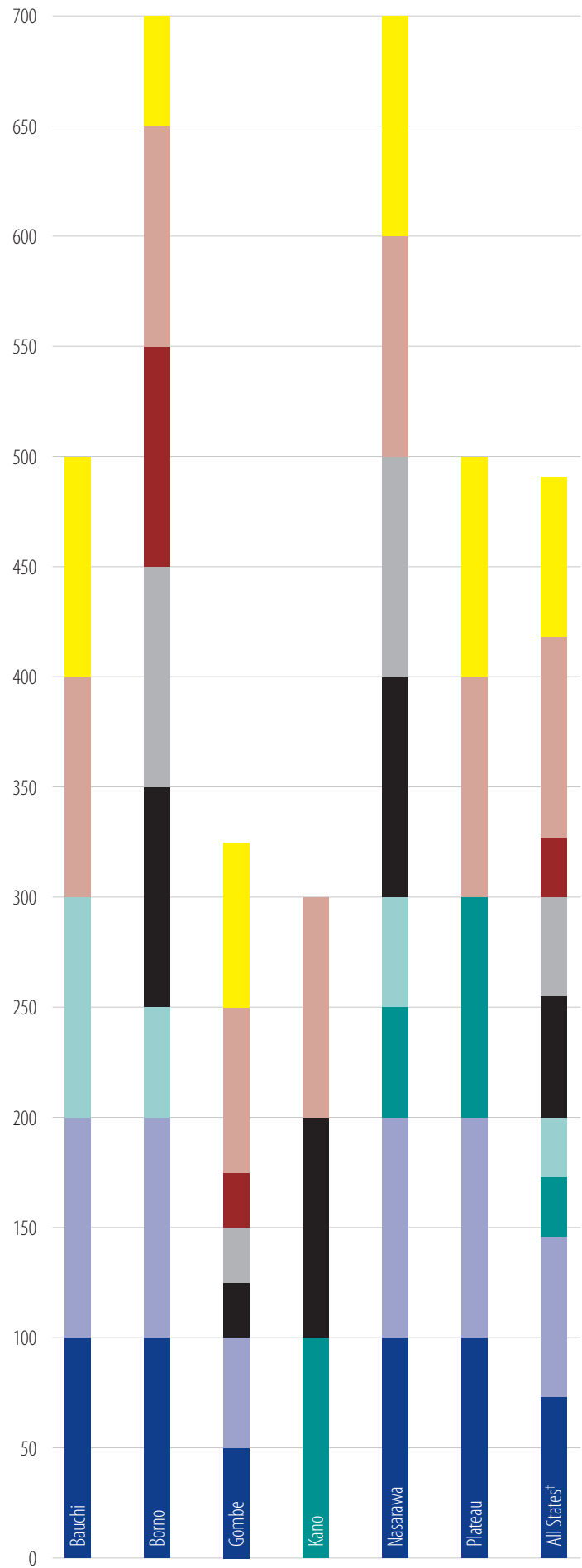
¹⁴ National HIV Division, Department of Public Health, Federal Ministry of Health (2012). *Annual Report of HIV Program Activities*.

¹⁵ Global estimate available at: UNAIDS, Together We Will End AIDS, 2012: <http://www.unaids.org/en/resources/campaigns/togetherwewillendaids/index.html>. Country estimates available at: WHO/UNAIDS/UNICEF, Global HIV/AIDS Response, November 2011: http://www.who.int/hiv/pub/progress_report2011/en/index.html.

Figure 15: Percent* of Facilities by State that Reported Indicated ART Elements

- ART client follow-up services available at least 12 months
- ART prescription services available at least 12 months
- Professional nurse or doctor in charge of ART services
- ART guidelines
- Individual clients card present
- MOH ART register used
- Official client card used
- First line ART present
- Trained staff present

* Total possible = 900%
† All States includes those states listed on the graph as having data for this indicator

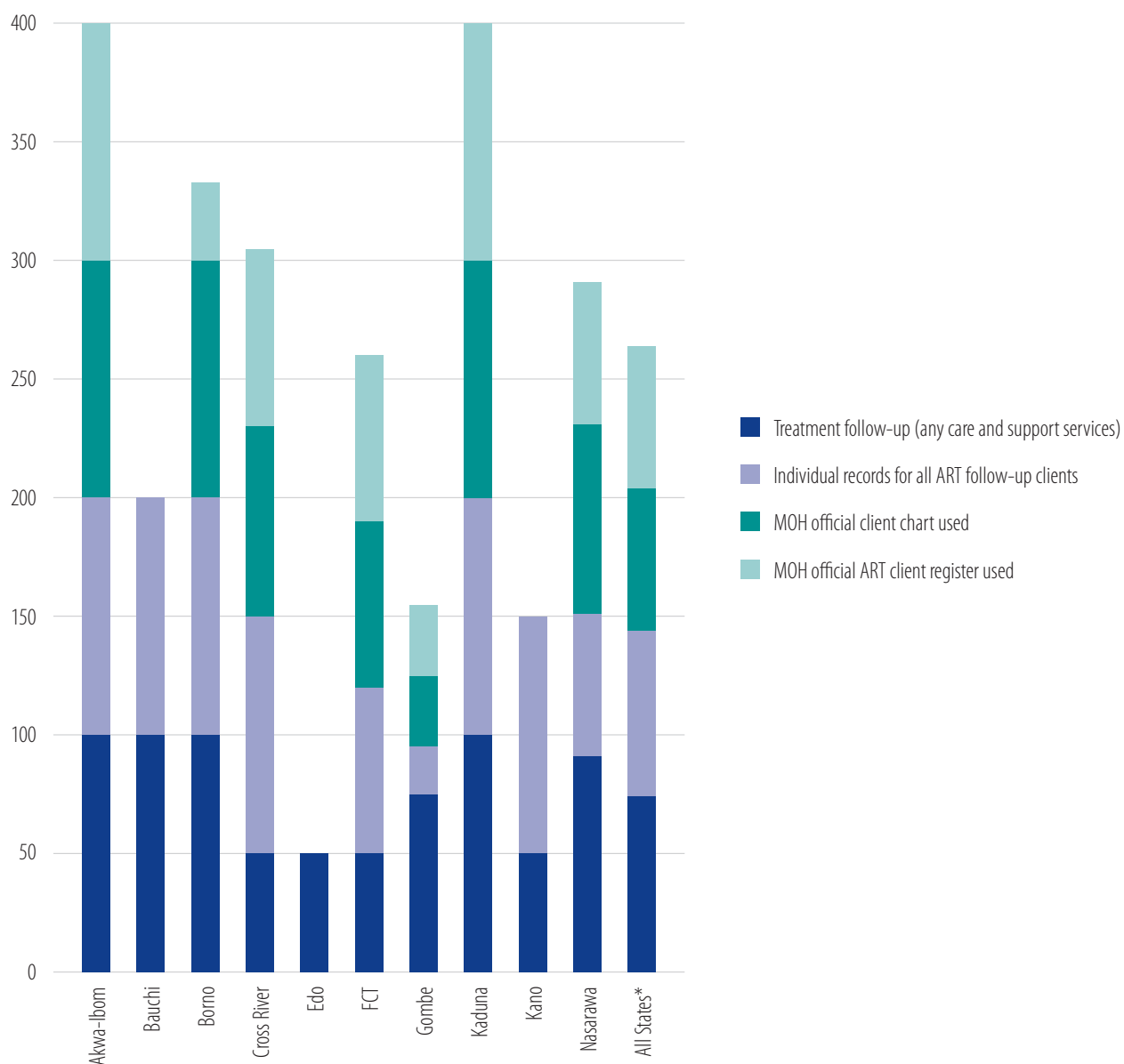


Basic Elements for ART Client Follow-Up

Primary health care facilities have been involved in the delivery of HIV services by helping with monitoring and follow-up of HIV positive patients already in place for ARV drugs. This is to reduce the burden on the workload at the higher level of health care. For instance, health workers in the primary health care facilities assess patients and send blood samples for CD4 measurements and then refer those who are eligible for ART to a physician at a referral hospital or major medical center. After patients are stabilized on ART for six months, they are referred back to the initial PHC center for follow-up visits and for prescription refill. In order to follow-up effectively with ART clients, readiness of the PHCs was assessed based on the items in Figure 16.

- Twelve percent of facilities reported providing ART clients follow-up services, with 75% of these reporting they have provided these services for at least 12 months. The state level information showed that all the facilities that report ART client follow-up services in Bauchi, Plateau, Borno and Nasarawa States and half (50%) of the facilities in Gombe state have provided these services at least 12 months. No facilities among those assessed in Kano state reported offering these services.
- Among all facilities either providing ART prescription services or ART client follow-up services without ART prescription:
 - Seventy-four percent reported providing treatment follow-up, which could include follow-up for adherence. More than 60% of the facilities within the states except in Kano state and Federal Capital Territory (FCT) where about 50% of the facilities with any ART services also reported treatment follow-up services.
 - Seventy percent of the facilities were found to have individual records for all ART clients being followed up. Availability of individual records for all ART follow-up clients was found only in 20% of the facilities in Gombe State, and none of the facilities assessed in Edo had evidence of a record of the ART follow-up clients.
 - Recordkeeping for the ART client follow-up was poor among the facilities currently offering ART services. For example, 60% of the facilities reported the use of Ministry of Health official client charts, and 60% had the ART client register. None of the facilities in Plateau, Kano, Borno, Bauchi and Akwa-Ibom states had the MOH official client chart. Thirty percent of facilities in Gombe state reported the use of official client ART registers and none of the facilities in Nasarawa, Plateau, Kano, Kaduna, Cross-River, Borno, Bauchi and Akwa-Ibom states reported use of the prescribed MOH ART client register.

Figure 16: Percent of Facilities by State with Specific ART Services Available



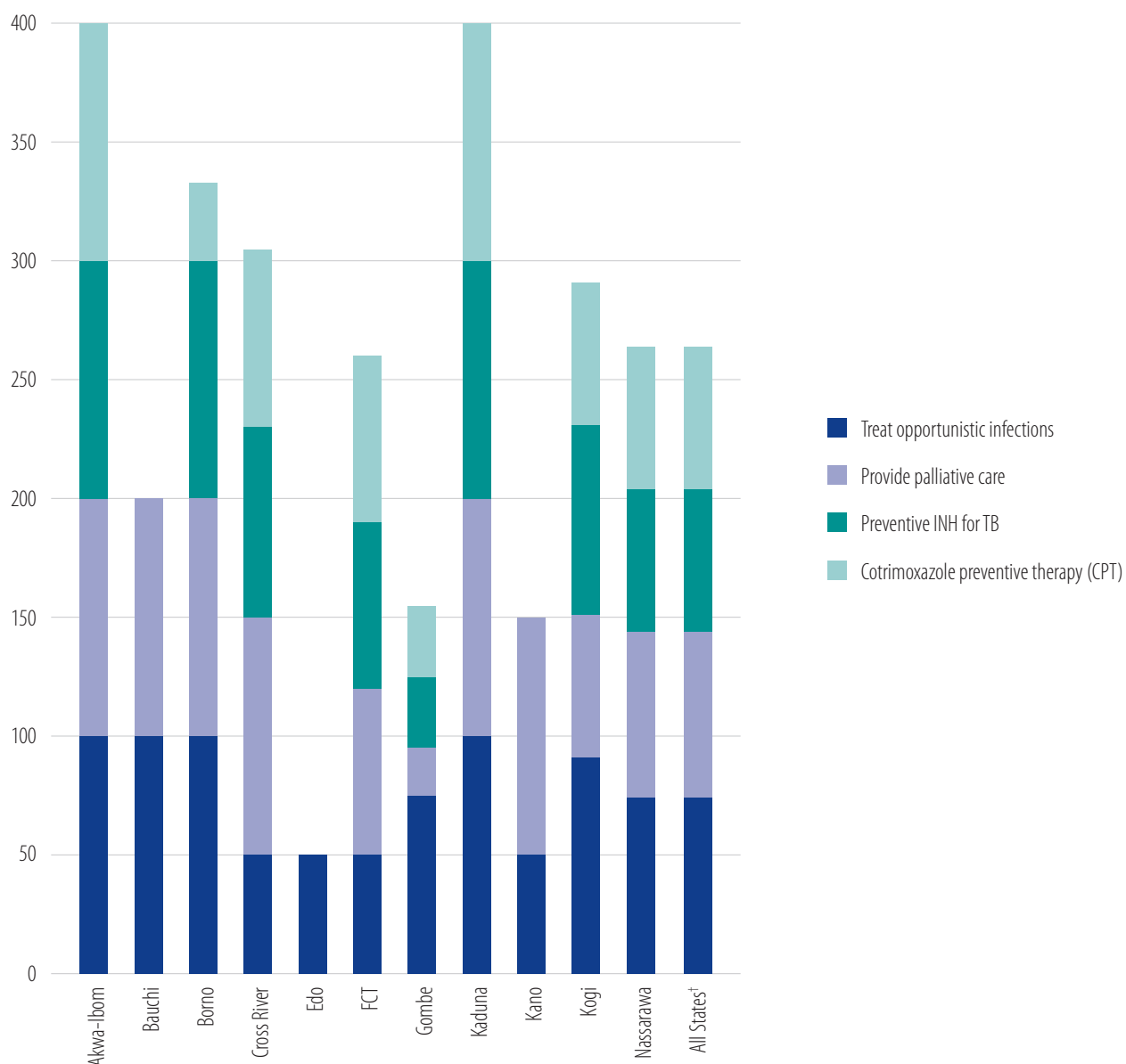
**All States includes those states listed on the graph as having data for this indicator*

Care and Support Services for ART Clients

PLWHA need to maintain good health until they are ready to start ART and thus require effective preventive services. Once they begin ART, they continue to require clinical care services to stay healthy and minimize side effects. The items assessed for the readiness of the facility to provide care and support services for ART clients are shown in Figure 17.

- Seventy-eight of the facilities offering ART services reported treating opportunistic infections. All the facilities offering ART services reported treating opportunistic infections in most of the states except in Nasarawa (60%); Kaduna (60%) and Cross-River (67%).
- Treatment of Kaposi's sarcoma component of the care and support services was the weakest in the care and support services components being offered by the facilities. Only 6% of the facilities offering ART services reported treatment of Kaposi's sarcoma. This assessment is for primary health care facilities, so they are not necessarily expected to be treating Kaposi's sarcoma, but should identify the condition and refer to higher level facilities for treatment. Diagnosis and referral of Kaposi's sarcoma was not assessed.
- Generally, the offering of care and support services components among facilities offering ART services were weak. Facilities in Kaduna, Kogi, Kano and Edo states rarely provide the care and support services to the PLWHA.

Figure 17: Percent* of Facilities by State with Select Components of CSS Services



* Maximum possible = 400%; † All States includes those states listed on the graph as having data for this indicator

Summary and Recommendations

SUMMARY OF KEY FINDINGS

In general, the building infrastructures of the assessed facilities within the states are in deplorable conditions and may comprise quality of services. For instance, nine out of the 17 states and FCT have leaks in their roofs and/or ceilings; and five of the seven states had damaged walls and unfinished floors or had damage. Overall, the building infrastructures in the states of Kogi, Gombe, Taraba, Nasarawa and Yobe are in extremely bad shape and will require renovation to a minimum standard to ensure security of equipment, supplies and commodities.

Availability of basic amenities for delivery of quality services such as electricity or a generator, emergency transportation systems, computers or internet connectivity and materials for good sanitary practices are poor. However, the percentage of facilities within the state with clean water on facility grounds and a site where visual and auditory privacy was possible for consultations in the outpatient service area are high.

Availability of standard precaution materials was common in many of the assessed facilities with the exception of a sterilizer. Equipment for sterilizing equipment was only available at 24% of the facilities with none of the assessed facilities in the states of Yobe, Taraba and Rivers verified as having a sterilizer. In terms of the standard precaution at the outpatient department (OPD), an average of 62% of the facilities assessed had handwashing materials, but only 40% or fewer of the facilities in the states of Taraba, Kogi, Kano, Rivers, and Benue were found to have handwashing items. Latex gloves, surface disinfectant and sharps containers are commonly found in the facilities assessed within the states. The availability of medical waste containers was rather poor in Taraba, Kaduna, Benue and Akwa-Ibom states.

There is a general practice of unsafe disposal of medical waste such as bandages that poses health risks to people and the environment. A decision should be made about whether open burning is allowed and to ensure that deposited waste is protected so that children or animals cannot get to the unburned or unburied waste materials causing inadvertent contamination.

A functional pharmaceutical system is bound to help delivery of quality HIV services. The assessment looked at storage locations for pharmaceuticals, conditions in the storage locations, and documentation for drug inventory management. A majority of the facilities are storing medicines in good conditions (cabinet or a room with no damaged shelves, walls, and/or ceilings). Variation exists among the states on the storage location for pharmaceuticals. For example, 10% or more of the facilities in states like Taraba, Rivers, Nasarawa, Kogi Cross-River, Bauchi, or Borno have bad locations for storing pharmaceuticals. There is a need to improve the storage location for pharmaceutical products to maintain quality service and care for patients receiving HIV services. Among the facilities assessed, 90% had good storage locations and 90% met the criteria for good storage conditions. Gombe and Edo states had the weakest drug storage systems. The success of HIV and AIDS treatment programs is largely dependent on the capability of the health-care team to provide a regular and uninterrupted supply of necessary medications. Stock-outs of key drugs at any time during the past six months are a problem across the states but are most problematic in Plateau, Kaduna and Kano, and Akwa-Ibom states. Keeping adequate and up-to-date records of stock cards for the three tracer drugs assessed were weak and poor in a majority of the facilities assessed. The observation indicated that Anambra, Cross-River and Edo states were weakest in keeping updated records of stock cards for each of the tracer drugs

The assessment revealed that local government councils did not support the operations of the primary health care facilities beyond payment of the facility staff salaries and allowance. Only 1% of the facilities reported that LGAs have contributed to fund HIV activities particularly in Edo State. The running of the PHCs is a statutory responsibility of the LGA but as a result of weak health systems, these roles have not been well performed. Similarly, linkage with the community among the facilities assessed is relatively poor. For example, 57% of the facilities reported linking relevant HIV services with the community in the states of Taraba, Rivers, Benue, and Anambra are weakest.

With respect to HIV services being currently provided, 13% of the facilities offered PMTCT with counselling and testing but no preventive ARVs, and 38% offered PMTCT with counselling and testing and antiretroviral medicines to reduce mother-to-child transmission.

The assessment indicated that a sizeable percentage of the primary health care facilities assessed within the states have available basic packages of PMTCT components. The components assessed include availability of a site for a visual and auditory privacy for counselling; HIV test for the infant of a positive woman; ARV for infant of HIV-positive mother; ARV for HIV-positive pregnant women, and counselling and testing for pregnant women. However, the routine components of PMTCT services are relatively weak. Areas that are particularly weak include services for the infant of the HIV-positive mother and documentation of follow-up for the mother and for the infant of the HIV-positive mother. In addition, about one out of three facilities do not give prophylaxis medicines for HIV-positive pregnant women while another 32% do not provide ARV for the infants of the HIV-positive women. This may explain the reason why Nigeria is contributing about 33% of the world PMTCT burden.

The number of facilities offering ART services is smaller in comparison with PMTCT services. The assessment showed that 4% of the facilities reported ART prescription services, and an additional 12% of the facilities offered only ART client follow-up. The higher number of facilities reporting offering ART client follow-up without ART prescription is understandable. In total, 13% of all facilities report they provide ART prescription or ART client follow-up services and care and support services. This is 81% of the 16% of facilities providing ART prescription or client follow-up services.

The designation of a professional health worker (e.g., nurse or physician) to be in charge of ART services in the facilities is low. For example, 27% of the facilities among those reported offering ART services have a professional nurse or doctor designated to be in charge of ART services. This can result in inconsistent adherence to protocols and guidelines and may result in no one actually monitoring the quality of the ART services offered. This also means that targeting ART training in a facility and ensuring that only trained persons provide the service may be difficult. In addition, the facilities offering ART services are having problems in the areas of availability of ART guidelines and keeping of client or patient records. With respect to care and support services for ART clients, a sizeable number of the facilities offering ART services are treating opportunistic infections. There is a significant variation across the states with facilities in Kaduna, Kogi, Kano and Edo states rarely providing care and support services to the people living with HIV. This is the basic service that the primary health care facilities should be providing to ART patients after they have been stabilized from a general or referral hospital for monitoring regarding adherence to the prescription of ARV drugs.

RECOMMENDATIONS

Sound information on the supply and quality of health services is necessary for health systems management, monitoring, and evaluation. The efforts to scale-up interventions for HIV/AIDS and to universal access to treatment and prevention services through decentralization have drawn attention to the need for strong primary health care systems and their readiness to deliver key HIV services (ART and PMTCT). In examining the results of this assessment, several areas for improvement of PHCs services in readiness for the initiation of qualitative HIV services stand out.

General System and Infrastructure Improvements

- The building infrastructures and amenities are deplorable in many of the facilities within the states and may compromise the quality of HIV services. It is being recommended that U.S. Government and other stakeholders invest in the repair and renovation of damaged walls and windows, supply of clean water, and electricity or generators for improved services. The primary health care facilities in states such as Yobe, Taraba, Kogi, Anambra, Bauchi, FCT and Borno are in deplorable condition particularly building infrastructures. They need special focus required to provide an enabling working environment and safe place to keep or store pharmaceutical equipment and supplies.
- Although many of the assessed facilities had good handwashing processes in place, it is important to improve on infection prevention strategies in the health facilities.
- There is a need to improve the medical waste management procedures with provision of sustainability waste disposal for sharp objects as a precaution for transmission of infections through contaminated materials. In order to keep the costs down. The U.S. Government can collaborate with the LGAs and other institutions at the state and national levels to create safe, responsible and customized programs to collect and dispose of medical waste.
- The LGA supports should extend beyond payment of salaries and allowances. Making counterpart funds available will go a long way in improving quality of services and even sustain the interventions.
- Generally, there is weak recordkeeping in Nigeria, but the documentation of services in assessed facilities confirmed the weak health information systems in the country. There is a need to strengthen the record-keeping through deployment of trained and skilled health record officers to the facility.

Service Specific

- There is a need for designating one person to be responsible for ART services in a facility. Efforts should be directed at posting professional where they are most needed with improved conditions of service.
- Systematic follow-up of ART clients needs to be improved, and there is a need to ensure that appropriate client charts and registers are used so that the information necessary for evaluating ART follow-up services is routinely recorded.
- Facility level information by state provides the details necessary for program resource and service planning.
- The package of care and support services and supporting laboratory diagnostics should be evaluated to ensure that ART clients have better access to the treatments and that the services are able to maintain health and treat severe infections.
- Even where PMTCT services exist, there are numerous weaknesses that need to be addressed. These facilities should be prioritized for intervention.

Appendix 1: Nigeria Health Facility Assessment Questionnaire Aug/Sept 2012

FACILITY IDENTIFICATION							
001	FACILITY NAME	FACILITY NUMBER					
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE)						
003	STATE						
004	LGA						
005	TYPE OF FACILITY PRIMARY HEALTH CARE HEALTH POST1 DISPENSARY2 PRIMARY HEALTH CLINIC3 PRIMARY HEALTH CENTER/WARD HEALTH CENTER4 COMPREHENSIVE HEALTH CENTER5 HOSPITAL7 OTHER6 (SPECIFY)						
006	MANAGING AUTHORITY GOVERNMENT-PUBLIC1 GOVERNMENT-NON-PUBLIC (MILITARY/POLICE/ETC.)2 NGO-NON-PROFIT3 NGO-FAITH BASED ORGANIZATION4 PRIVATE-FOR-PROFIT5 OTHER6						
007	URBAN1 RURAL2						
008	TOTAL NUMBER OF PROVIDER INTERVIEWS						
INTERVIEW VISITS		1	2	3	FINAL		
009	DATE				014 DAY		
010	INTERVIEWER NAME				015 MONTH		
011	RESULT				016 YEAR	1	2
012					INT. NO.		
013					RESULT CODE		
RESULTS CODES: 1=FACILITY COMPLETED 4=FACILITY REFUSED 2=FACILITY RESPONDENT NOT AVAILABLE 5=PARTIALLY COMPLETED 3=POSTPONED 6=OTHER							

FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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INFORMED CONSENT

Good morning/afternoon] Ma/Sir My name is _____. We are here on behalf of the Federal Ministry of Health (FMOH) to assist the government and donors who support HIV services, in knowing more existing and planned HIV services and services related to HIV.

Now I will read a statement explaining the survey.

Your facility was selected because it is a high priority facility for improving HIV service availability and quality.

We will be asking you questions about various health services and will visit different service point to ask about service practices, to ask about availability and then to see equipment, supplies, patient registers and submitted facility report, and we will be interviewing staff about their training and work experience.

No patient names from the registers reviewed will be recorded, or shared.

The information about your facility may be used by the FMOH and organizations supporting services in your facility or State, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports by these researchers that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature

(Indicates respondent's willingness to participate)

Date

AT THIS TIME, DISCUSS THE BEST WAY TO PROCEED. IF POSSIBLE, ONE DATA COLLECTOR SHOULD MOVE TO THE MAIN OUTPATIENT AREA TO START SERVICE SPECIFIC DATA COLLECTION AND THE OTHER SHOULD REMAIN WITH THE INCHARGE, TO COLLECT MORE MANAGEMENT AND SERVICE PLANNING INFORMATION.

FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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MODULE 0: SERVICES AND STAFF					
A. SERVICES					
ASK TO SPEAK TO THE PERSON MOST KNOWLEDGEABLE ABOUT THE SERVICES BEING OFFERED AND STAFFING. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY					
EXPLAIN: I am going to ask you some questions related to the overall management and administration of this facility. If I ask you a question about a topic where someone else may have the actual records or more detailed knowledge than yourself, please introduce me to that person so that I can collect the information that is most accurate for your facility.					
I would like to begin by asking about the HIV and related services that are offered and are available in this facility. Is there any location in this facility where clients can receive any of the following services? For each service I mention, please tell me if the service is currently offered. If the service is not currently offered, please tell me if there is a plan for the service to be offered and if so, if there has been any progress in preparing for the service.					
020	INDICATE THE POSITION OF THE MAIN RESPONDENT	FACILITY IN-CHARGE1 CHIEF MEDICAL OFFICER.....2 OTHER6 (SPECIFY)			
021	SERVICE.	SERVICE CURRENTLY AVAILABLE FROM THIS FACILITY	NOT CURRENTLY OFFERED BUT THERE ARE PLANS TO INTRODUCE TO THE FACILITY		NO PLAN FOR INTRODUCING THE SERVICE/ DON'T KNOW PLANS
			PREPARATION STARTED	NO ACTION YET	
01	Antenatal care (ANC) services	1	2	3	4
02	Delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services	1	2	3	4
03	Child immunization services, either at the facility or as outreach	1	2	3	4
04	Curative care services for children under 5	1	2	3	4
05	Any birth-spacing (family planning) services including modern methods, natural family planning, male or female surgical sterilization	1	2	3	4
06	Specially targeted adolescent health services	1	2	3	4
07	HIV counselling and testing services	1	2	3	4
08	Prevention of mother-to-child transmission of HIV	1	2	3	4
09a	Antiretroviral drug prescription (ART)	1	2	3	4

FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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021	SERVICE.	SERVICE CURRENTLY AVAILABLE FROM THIS FACILITY	NOT CURRENTLY OFFERED BUT THERE ARE PLANS TO INTRODUCE TO THE FACILITY		NO PLAN FOR INTRODUCING THE SERVICE/ DON'T KNOW PLANS
			PREPARATION STARTED	NO ACTION YET	
09b	Antiretroviral treatment follow-up services (ART)	1	2	3	4
10	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	3	4
11	Diagnosis or treatment of STIs, excluding HIV	1	2	3	4
12	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	3	4
13	Diagnosis or treatment of malaria	1	2	3	4
14	Diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, or chronic respiratory disease	1	2	3	4
15	Any surgical services, included caesarean section	1	2	3	4
16	Blood transfusion services	1	2	3	4

Now I want to know about the staff who are currently assigned to this facility. For each type of qualification I mention, please tell me how many full-time staff with that qualification are assigned to this facility. Report each individual only once and report their qualification regardless of what their actual work responsibilities are. If a staff member has more than one qualification, please report them under their highest qualification

022	QUALIFICATION OF STAFF	a			b			c		
		FULL-TIME			PART-TIME			PRESENT TODAY		
01	GENERALISTS [NON-SPECIALIST] MEDICAL DOCTORS									
02	SPECIALIST MEDICAL DOCTORS (INCLUDING ANESTHESIOLOGISTS AND PATHOLOGISTS)									
03	PARAMEDICAL PROFESSION /MEDICAL ASSISTANT				////	////	////			
04	NURSING PROFESSIONALS				////	////	////			
05	MIDWIFERY PROFESSIONALS				////	////	////			

FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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022	QUALIFICATION OF STAFF	a			b			c		
		FULL-TIME			PART-TIME			PRESENT TODAY		
06	NURSE/MIDWIFE				////	////	////			
07	PUBLIC HEALTH NURSE (PHN)				////	////	////			
08	AUXILLIARY NURSES				////	////	////			
09	AUXILLIARY MIDWIFERY				////	////	////			
10	PHARMACISTS				////	////	////			
11	PHARMACY TECHNICIANS				////	////	////			
12	PHARMACY ASSISTANTS				////	////	////			
13	LABORATORY SCIENTISTS/TECHNOLOGISTS				////	////	////			
14	LABORATORY TECHNICIANS				////	////	////			
15	LABORATORY ASSISTANTS				////	////	////			
16	COMMUNITY HEALTH OFFICER (CHO)				////	////	////			
17	COMMUNITY HEALTH EXTENSION WORKERS (CHEWs)				////	////	////			
18	JUNIOR COMMUNITY HEALTH EXTENSION WORKERS (JCHWs)				////	////	////			
19	HEALTH WORKERS NOT ELSEWHERE CLASSIFIED				////	////	////			
20	HEALTH MANAGEMENT AND SUPPORT WORKERS—(LIST ANYONE NOT INCLUDED PREVIOUSLY)				////	////	////			
21	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS									

MODULE 0: SERVICES AND STAFF

MODULE 6: SERVICES AND STAFF						
023 a	Do any of the staff listed above receive either their full salary or a top up to their salary from the LGA?	YES 1 NO 2		→024		
023 b	Please tell me how many staff within each cadre I mention receive their salaries or salary top ups from the LGA. ENSURE THAT ALL STAFF RECEIVING SALARY FROM LGA ARE INCLUDED IN THE RESPONSES. IF NO STAFF WITHIN A CADRE RECEIVE FULL	QUALIFICATION	a) FULL SALARY		b) SALARY TOP UP	
		a) PHYSICIAN/MEDICAL ASST				
		b) NURSE/MIDWIFE (PROFESSIONAL OR ASSOCIATE)				
		c) CHO				

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MODULE 0: SERVICES AND STAFF						
	SALARY OR TOP UP, WRITE '00'.	CADRE	a) FULL SALARY		b) SALARY TOP UP	
		d) CHEW/JCHEW				
		e) OTHER (CLINICAL/ PHARM/LAB/ COUNSELING)				
		f) OTHER NON-CLIENT SERVICE/ MANAGEMENT/ SUPPORT STAFF				
024	Are staffing levels sufficient for the services being offered now?	YES.....1 NO2				→026
025	What are the most critical issues related to staffing numbers? <u>DO NOT READ RESPONSES</u> CIRCLE ALL RESPONSES THAT APPLY	TOO FEW NUMBER A NEED DOCTORS..... B NEED NURSES..... C NEED LABORATORY STAFF..... D NEED PHARMACY STAFF..... E OTHER X (SPECIFY)				
026	Is staff absenteeism a problem, either because of being away for training, or unauthorized absences? IF YES, CLARIFY THE PROBLEM. CIRCLE ALL RESPONSES THAT APPLY	YES, NEEDED STAFF ABSENT OFTEN FOR TRAINING..... A YES, NEEDED STAFF HAVE UNAUTHORIZED ABSENCES ... B OTHER W (SPECIFY) NOT A PROBLEM Z				
PREPARATION FOR EXPANDING HIV SERVICES						
027	Does this facility offer HIV counselling or testing for the general population?	YES COUNSELLING ONLY 1 YES C&T IN FACILITY 2 NO..... 3				→031 →037
028	Have there been any discussions or plans to begin counselling for HIV testing onsite?	YES 1 NO..... 2				→030
029	Has at least one staff member been trained in counselling for HIV testing?	YES 1 NO..... 2				
030	Is there currently a location that could be used for HIV counselling related to HIV testing where visual and auditory privacy can be maintained? ACCEPT REPORTED RESPONSE.	YES 1 NO..... 2				
031	Have there been any discussions or plans to begin HIV testing onsite?	YES 1 NO..... 2				→034
031 a	What is the anticipated time frame for starting HIV C&T services?	WITHIN NEXT 1 MONTH 1 WITHIN NEXT 2-6 MONTHS..... 2 6 OR MORE MONTHS 3 NO ANTICIPATED TIME 4				
032	Has at least one staff member been trained in HIV testing?	YES 1 NO..... 2				
033	Where will this facility conduct the HIV testing onsite? CIRCLE ALL THAT APPLY	LABORATORY A ANC SERVICE AREA..... B NEW HIV C&T SERVICE AREA... C OTHER W (SPECIFY) DON'T KNOW Y				
034	Does this facility require additional staff to start or expand HIV C&T services?	YES.....1 NO2 UNCERTAIN/DON'T KNOW8				→036 →036
035	What is your estimate of the additional number of the indicated cadre of staff your	a) PHYSICIAN/MEDICAL ASST				
		b) NURSE/MIDWIFE				

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PREPARATION FOR EXPANDING HIV SERVICES				
	facility would need if you were to begin offering or expanding HIV counselling or testing services? RECORD '00' IF NO ADDITIONAL STAFF OF THE CADRE WILL BE REQUIRED.	c) CHO/PHN		
		d) CHEW/JCHEW		
		e) OTHER (CLINICAL/PHARM/LAB/ COUNSELING)		
		f) OTHER NON-CLIENT SERVICE SUPPORTSTAFF		
036	Using the most common public method of transportation, how far away is the nearest site for a client to be referred for an HIV test?	< 15 MINUTES2 15-30 MINUTES3 31-60 MINUTES4 MORE THAN 60 MINUTES5 DON'T KNOW SITE8		
037	CHECK Q021 (08) Does this facility offer PMTCT?	YES.....1 NO2	→044	
038	Have there been any discussions or plans to begin PMTCT services?	YES.....1 NO2	→042	
039	Has at least one staff member been trained in PMTCT?	YES.....1 NO2		
040	Has a staff member been selected to manage the PMTCT services?	YES, TRAINED IN PMTCT1 YES, NOT YET TRAINED2 NO3	→042	
041	Has this person previously been responsible for managing health services?	YES.....1 NO2		
042	Does this facility require additional staff to start or expand PMTCT services?	YES.....1 NO2 UNCERTAIN/DON'T KNOW8	→044 →044	
043	What is your estimate of the additional number of the indicated cadre of staff your facility would need if you were to begin offering PMTCT services that include using the rapid test for HIV. RECORD '00' IF NO ADDITIONAL STAFF OF THE CADRE WILL BE REQUIRED.	a) PHYSICIAN/MEDICAL ASST		
		b) NURSE/MIDWIFE		
		c) CHO/PHN		
		d) CHEW/JCHEW		
		e) OTHER CLIENT SERVICE, (E.G., PHARM/LAB/ COUNSELING)		
		f) OTHER NON-CLIENT SERVICE MANAGEMENT OR SUPPORTSTAFF		
044	CHECK Q021 (09) Does this facility offer any ART prescription or treatment follow-up services?	YES ART PRESCRIPTION AND FOLLOW-UP1 YES ART FOLLOW-UP ONLY2 NO3		
045	Are there plans to start ART follow-up services in this facility?	YES1 NO2	→049	
046	Has at least one staff member been trained in ART follow-up services?	YES1 NO2		
047	Has a staff member been selected to manage the ART follow-up services?	YES, TRAINED IN ART1 YES, NOT YET TRAINED2 NO3	→049	
048	Has this person previously been responsible for managing health services?	YES1 NO2		

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PREPARATION FOR EXPANDING HIV SERVICES			
049	Are there plans to start ART prescription services in this facility?	YES1 NO2	→053
050	Has at least one staff member been trained in ART prescription services?	YES1 NO2	
051	Has a staff member been selected to manage the ART prescription services?	YES, TRAINED IN ART1 YES, NOT YET TRAINED2 NO3	→053
052	Has this person previously been responsible for managing health services?	YES1 NO2	
053	Does this facility require additional staff to start or expand ART prescription or follow-up services?	YES1 NO2 UNCERTAIN/DON'T KNOW8	→055 →055
054	What is your estimate of the additional number of the indicated cadre of staff your facility would need if you were to begin offering ART follow-up services. This means the facility would be responsible for drug distribution and client follow up to promote adherence to treatment and follow-up regimen managed at higher level facility. RECORD '00' IF NO ADDITIONAL STAFF OF THE CADRE WILL BE REQUIRED.	a) PHYSICIAN/MEDICAL ASST b) NURSE/MIDWIFE c) CHO/PHN d) CHEW/JCHEW e) OTHER (CLINICAL/PHARM/ LAB/ COUNSELING) f) OTHER NON-CLIENT SERVICE SUPPORTSTAFF	
055	Is there a location in this facility where new or additional ART services could be located? IF YES, ASK TO SEE THE LOCATION AND DESCRIBE THE SETTING. IF ONE OF ART FOLLOW-UP SERVICES OR ART PRESCRIPTIONS SERVICES ALREADY EXIST, CHECK IF THERE IS ROOM TO ADD THE SECOND SERVICE FOR ART.	WITH GENERAL OPD SERVICES, SPACE WITH VISUAL AND AUDITORY PRIVACY AVAILABLE1 SMALL PRIVATE ROOM2 LARGE SEPARATE ROOM WITH VISUAL AND AUDITORY PRIVACY POSSIBLE3 NO FEASIBLE SITE EXISTS4	
056	Using the most common public method of transportation, how far away is the nearest site for a client to be referred for being prescribed ART?	THIS FACILITY1 < 15 MINUTES2 15-30 MINUTES3 31-60 MINUTES4 MORE THAN 60 MINUTES5 DON'T KNOW SITE8	
057	Using the most common public method of transportation, how far is the nearest site where advanced laboratory tests for follow up of ART clients can be conducted? DO NOT INCLUDE PRIVATE LABORATORIES THAT CHARGE FEES.	THIS FACILITY1 < 15 MINUTES2 15-30 MINUTES3 31-60 MINUTES4 MORE THAN 60 MINUTES5 DON'T KNOW SITE8	
COMMUNITY LINKS			
058	Does this facility have links with community based <u>health workers or volunteers</u> ?	YES 1 NO 2	→061

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PREPARATION FOR EXPANDING HIV SERVICES			
059	IF YES, ASK: What types of services do the community- based workers provide? <u>READ EACH RESPONSE</u> AND CIRCLE ALL THAT APPLY.	REFER FOR ART ELIGIBILITY A DISTRIBUTE ARVS B ADHERENCE COUNSELING C FOLLOW UP FOR ADHERENCE D DEFAULTER FOLLOW-UP E HOME CARE F ADVISE/REFER FOR HIV TEST G PRETEST COUNSELING H PREVENTIVE EDUCATION I EMOTIONAL/SOCIAL SUPPORT j TB DOTS FOLLOW-UP K OTHER HIV/AIDS RELATED W (SPECIFY) OTHER NOT HIV/AIDS RELATED .. X	
060	Who supports the community-based workers? CIRCLE ALL THAT APPLY <u>READ EACH RESPONSE</u> AND CIRCLE ALL THAT APPLY.	LGA A NGO B FBO C OTHER CIVIL SOCIETY ORG D GOVERNMENT E OTHER X (SPECIFY) DON'T KNOW Y	
061	What community-based organizations such as faith-based, non-profits, or civil society organizations does your facility have links with who may provide social or other support services for clients affected by HIV?	ORG 1 A ORG 2 B ORG 3 C NONE KNOWN Z	
062	Does this facility participate in any routine HIV service specific meetings with the LGA?	YES 1 NO 2	
COMMENT ON COMMUNITY LINKS:			
063	Are there plans to increase staffing in order to start or expand any HIV services? <u>READ ALL RESPONSES</u> IF YES, CIRCLE ALL PRACTICES THAT ARE PLANNED FOR INCREASING STAFF.	INCENTIVES A NEW STAFF REQUESTED B NEW STAFF APPROVED C SECONDED STAFF PLANNED D SECONDED STAFF APPROVED E OTHER W (SPECIFY) NO PLANS Z	→066
064	With whom have you discussed additional staffing?	FEDERAL GOVERNMENT A STATE GOVERNMENT B LGA C NGO/FBO D DONOR E OTHER W (SPECIFY) NO ONE Z	

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PREPARATION FOR EXPANDING HIV SERVICES			
065	Who has approved secondment or provision of additional staffing?	FEDERAL GOVERNMENTA STATE GOVERNMENTB LGAC NGO/FBO.....D DONOR.....E OTHERW (SPECIFY) NO ONEZ	
TECHNICAL SUPPORT FOR HIV SERVICES			
066	Is this facility receiving any technical support for providing any HIV related services, other than through your managing authority?	YES, CURRENTLY1 NO, RECEIVED PREVIOUSLY NOT NOW2 NO NEVER3	→069 →069
067	Who is providing the technical support for current or planned HIV C&T? IF THIS IS A PUBLIC FACILITY, GOVERNMENT SHOULD NOT BE CIRCLED SINCE GOVERNMENT IS THE MANAGING AUTHORITY FOR THE FACILITY.	NGOA (SPECIFY) NGOB (SPECIFY) GOVERNMENTC NO ONE/NOT APPLICABLEX	
068	Who is providing the technical support for current or planned PMTCT? IF THIS IS A PUBLIC FACILITY, GOVERNMENT SHOULD NOT BE CIRCLED SINCE GOVERNMENT IS THE MANAGING AUTHORITY FOR THE FACILITY.	NGOA (SPECIFY) NGOB (SPECIFY) GOVERNMENTC NO ONE/NOT APPLICABLEX	
069	Who is providing the technical support for current or planned ART? IF THIS IS A PUBLIC FACILITY, GOVERNMENT SHOULD NOT BE CIRCLED SINCE GOVERNMENT IS THE MANAGING AUTHORITY FOR THE FACILITY.	NGOA (SPECIFY) NGOB (SPECIFY) GOVERNMENTC NO ONE/NOT APPLICABLEX	
BUDGET			
ASK TO SPEAK WITH THE PERSON WHO IS MOST FAMILIAR WITH THE BUDGET FOR THE FACILITY. THIS MAY BE A SPECIAL FINANCE PERSON, THE IN-CHARGE, OR PERHAPS BOTH.			
070	Has this facility been informed what your official allocated budget for this year is?	YES1 NO2	→072
071	Excluding salary, how much money has your facility received to date? DON'T KNOW IS NOT ACCEPTED.	NAI RA NO BUDGET RECEIVED..... 00000000	→075 →077
072	What is your total official allocated budget for this year? PROBE FOR AN ESTIMATE. ONLY ACCEPT DON'T KNOW IF YOU ARE CERTAIN THERE IS NO PERSON PRESENT WHO CAN PROVIDE THE FIGURE. ROUND TO WHOLE NAIRA	NAI RA DON'T KNOW..... 99999998	
073	Does the official annual budget include funds for paying routine salaries?	YES1 NO2	
074	What proportion of your official budget has been received as of today? DIVIDE THE FUNDS THAT HAVE BEEN RECEIVED TO DATE BY THE OFFICIAL BUDGET.	PROPORTIO N RECEIVED	

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PREPARATION FOR EXPANDING HIV SERVICES							
075	Please tell me the proportion of the funds that you have received as of today have gone toward the indicated topics. NOTE: ROUTINE RUNNING COSTS REFER TO UTILITIES, CLEANING SUPPLIES, ROUTINE PERDIEMS AND ROUTINE TRAVEL, DUTY ALLOWANCE, ETC. PROBE FOR ESTIMATES. ONLY ACCEPT "DON'T KNOW" IF YOU ARE CERTAIN THERE IS NO PERSON PRESENT WHO CAN PROVIDE A REASONABLE ESTIMATE	A) SALARIES					
B) ROUTINE RUNNING COSTS							
C) PROCURING MEDICINES							
W) OTHER							
Y) DON'T KNOW..... 998							
076	Please provide an estimate of the proportion of the funds your facility has received as of today that come from the indicated sources.	A) FEDERAL					
B) STATE							
C) LOCAL GOVERNMENT							
D) USER FEES							
E) DONORS/NGOS/FBOS							
F) INSURANCE							
W) OTHER (SPECIFY)							
Y) DON'T KNOW..... 998							
077	Does this facility receive funds from any sources other than your managing authority ?	YES.....1 NO2					
078	Has your facility received any goods or staff "in kind" from donors other than the government or your managing authority?	YES.....1 NO2					→080
079	What types of goods has your facility received "in kind" from donors other than the government or your managing authority? CIRCLE ALL THAT APPLY	ANTIRETROVIRAL DRUGS..... A OTHER DRUG B REGISTERS/REPORT FORMS..... C CLIENT EXAM EQUIPMENT D LABORATORY EQUIPMENT E VEHICLE/MOTORCYCLE/BIKE F FULL-TIME STAFF..... G PART-TIME/OCCASIONAL STAFF .H OTHER W					
080	Has there been a change (or is there a planned change) in your budget because of HIV services?	YES, INCREASED1 PLANNED INCREASE NOT YET RECEIVED2 NO CHANGE3 DON'T KNOW8					
081	Is there a need for additional budget if additional HIV services are to be offered or current HIV services are to be expanded?	YES.....1 NO2 DON'T KNOW8					→NDP →NDP

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PREPARATION FOR EXPANDING HIV SERVICES											
082	With whom have you discussed additional budget needs? READ THE RESPONSES IF NECESSARY AND CIRCLE ALL THAT APPLY	FEDERAL GOVERNMENT A STATE GOVERNMENT B LGA..... C NGO/FBO D DONOR E OTHER W (SPECIFY) NO ONE..... Z									
083	Who has approved additional budget? READ THE RESPONSES IF NECESSARY AND CIRCLE ALL THAT APPLY	FEDERAL GOVERNMENT A STATE GOVERNMENT B LGA..... C NGO/FBO D DONOR E OTHER W (SPECIFY) NO ONE..... Z									
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)											
NAME OF RESPONDENT		CONTACT PHONE NUMBER									
MODULE 1: GENERAL SERVICE READINESS											
Now I would like to know more about general working conditions, infrastructure and resources of this facility.											
24-HOUR COVERAGE											
101	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies?	YES, 24 HOUR STAFF 1 NO 24-HOUR STAFF..... 2	→104								
102	Is there a duty schedule or call list for 24-hour staff coverage?	YES 1 NO DUTY SCHEDULE 2	→104								
103	May I see the duty schedule or call list for 24-hour staff coverage?	OBSERVED 1 REPORTED, NOT SEEN 2									
104	Does this facility routinely provide inpatient care?	YES 1 NO 2	→106								
105	Does this facility have beds for overnight?	YES 1 NO 2	→107								
106	Excluding any beds exclusively for delivery and/or maternity, how many (overnight) or in-patient) beds in total does this facility have, both for adults and children?	NUMBER OF OVERNIGHT/ INPATIENT BEDS DON'T KNOW.....998									
COMMUNICATION AND TRANSPORTATION											
107	Does this facility have a land line telephone that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES1 NO.....2	→110								
108	May I see the land line telephone?	OBSERVED.....1 REPORTED, NOT SEEN2									
109	Is it functioning? ACCEPT REPORTED RESPONSE	YES1 NO.....2									
110	Does this facility have a cellular telephone or a private cellular phone (mobile) that is supported by the facility ? By this I mean the facility reimburses the cost of use for official reasons	YES1 NO.....2	→113								
<table border="1"> <tr> <td>FACILITY NUMBER</td> <td></td> <td></td> <td></td> <td>August 25 2012</td> <td>INTERVIEWER ID NUMBER</td> <td></td> <td></td> </tr> </table>				FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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MODULE 1: GENERAL SERVICE READINESS			
111	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED.....1 REPORTED, NOT SEEN2	
112	Is it functioning? ACCEPT REPORTED RESPONSE	YES1 NO.....2	
113	Does this facility have a <u>short-wave radio</u> for radio calls?	YES1 NO.....2	➔116
114	May I see the short-wave radio?	OBSERVED.....1 REPORTED, NOT SEEN2	
115	Is it functioning? ACCEPT REPORTED RESPONSE	YES1 NO.....2	
116	Does this facility have a computer?	YES.....1 NO.....2	➔119
117	May I see the computer?	OBSERVED.....1 REPORTED, NOT SEEN2	
118	Is it functioning? ACCEPT REPORTED RESPONSE	YES1 NO2	
119	Is there access to email or internet that is <u>supported by the facility</u> via computer and/or mobile phone within the facility today? ACCEPT REPORTED RESPONSE	YES.....1 NO.....2	
120	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	YES.....1 NO.....2	➔122
121	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility?	YES.....1 NO.....2	➔124 ➔124
122	Is the vehicle functional today? ACCEPT REPORTED RESPONSE	YES.....1 NO.....2	➔124
123	Is fuel available today? ACCEPTED REPORTED RESPONSE	YES.....1 NO.....2	
124	Now I want to ask you about water and waste disposal in this facility.		
	What is the <i>most commonly used</i> source of water for the facility <i>at this time</i> ?	PIPED INTO FACILITY.....01	➔125
		PIPED ONTO FACILITY GROUNDS02	➔125
		PUBLIC TAP/STANDPIPE03	
		TUBEWELL/BOREHOLE04	
		PROTECTED DUG WELL.....05	
		UNPROTECTED DUG WELL06	
		PROTECTED SPRING.....07	
		UNPROTECTED SPRING.....08	
		RAINWATER09	
		BOTTLED WATER10	➔125
		CART W/SMALL TANK/DRUM11	➔125
		TANKER TRUCK.....12	➔125
		SURFACE WATER (RIVER/DAM/LAKE/POND).....13	
		OTHER96 (SPECIFY)	
	DON'T KNOW.....98	➔125	
	NO WATER SOURCE.....00	➔126	

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MODULE 1: GENERAL SERVICE READINESS			
124 a	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500 meters of facility? REPORTED RESPONSE IS ACCEPTABLE	ONSITE.....1 WITHIN 500M OF FACILITY2 BEYOND 500M OF FACILITY.....3	
125	Is water available today? OBSERVED THAT WATER IS PRESENT	YES.....1 NO.....2	
126	Is this facility connected to the central supply electricity grid?	YES.....1 NO.....2	
127	Does the facility have a solar source of electricity?	YES.....1 NO.....2	
128	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time? CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.	ALWAYS AVAILABLE1 SOMETIMES/OFTEN INTERUPTED2 DON'T KNOW.....8	
129	Does the facility have a generator? IF YES, CLARIFY IF IT IS FUEL OR BATTERY OPERATED	GENERATOR FUEL-OPERATED..... A BATTERY-OPERATED B NO GENERATOR.....Z	→132
130	Is the generator functional? ACCEPT REPORTED RESPONSE	YES.....1 NO.....2 DON'T KNOW.....8	→132 →132
131	Is fuel (or a charged battery) available today for the generator? ACCEPT REPORTED RESPONSE	YES.....1 NO.....2 DON'T KNOW.....8	
SUPPORTIVE SYSTEMS			
132	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES.....1 NO.....2	→136
133	Please tell me all the methods that this facility uses to elicit client opinion	SUGGESTION BOX A CLIENT SURVEY FORM..... B CLIENT INTERVIEW FORM C INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY D EMAIL E FACILITY'S WEBSITE.....F LETTERS FROM CLIENTS/COMMUNITY G OTHER X (SPECIFY) DON'T KNOW..... Y	
134	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES1 NO PROCEDURE2 DON'T KNOW.....8	→136 →136
135	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED1 REPORTED, NOT SEEN2	
INFECTION CONTROL			

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MODULE 1: GENERAL SERVICE READINESS							
136	Is there an infection control committee or a person assigned specifically for infection control? IF YES, CLARIFY THE TYPE OF INFECTION CONTROL (IC) COMMITTEE/STAFF	YES, MULTIDEPARTMENTAL COMMITTEE1 YES, STAFF MEMBER ASSIGNED SOLELY FOR IC2 NO SPECIAL IC COMMITTEE OR STAFF FOR IC.....3			→140		
137	Do any of the infection control committee members/person have a qualification (or the equivalent qualification of READ EACH QUALIFICATION LISTED AS A RESPONSE AND CIRCLE IF THE RESPONSE IS 'YES'.	MEDICAL OFFICER A NURSE/MIDWIFE..... B PHARMACIST C LAB. TECHNOLOGIST..... D OTHER HEALTH PROFESSIONAL..... X					
138	Have any members of the infection control committee or the person assigned for infection control, received any specific training related to infection control and activities they are responsible for? ASK FOR EACH OF THE TRAININGS AND IF THERE WAS TRAINING, IF IT WAS PROVIDED BY THE FACILITY STAFF OR FROM OUTSIDE.	a) <u>INFECTION CONTROL TRAINING</u> FACILITY BASED A EXTERNAL B NO IC TRAINING X b) <u>INJECTION SAFETY TRAINING</u> FACILITY BASED A EXTERNAL B NO INJECTION SAFETY TR. X					
139	Is there any documentation of meetings or reports or actions, including required data reporting from units, by the infection control committee or of staff training related to infection control? ASK ABOUT EACH RESPONSE LISTED, IF YES, ASK TO SEE THE DOCUMENTATION AND CIRCLE ALL TYPES THAT WERE OBSERVED	REPORT OF MEETING A REPORT TO PERSONS OUTSIDE COMMITTEE B DATA REPORTS RELATED TO INFECTION CONTROL ISSUES..... C INSERVICE TRAINING TO STAFF ABOUT INFECTION CONTROL ISSUES..... D DOCUMENTS REPORTED, NONE SEEN..... E NO DOCUMENTATION EXISTS...Z					
140	I have a few questions about how medical equipment, such as speculums, forceps, and other metal equipment are processed for re-use in this facility. Are equipment that are used in the facility processed (i.e., sterilized or chemical disinfected (HLD)) for re-use?	YES.....1 NO.....2			→143		
141	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY1 BOTH IN THIS FACILITY AND OUTSIDE2 ONLY AT AN OUTSIDE FACILITY3			→143		
ASK TO BE SHOWN THE MAIN LOCATION WHERE EQUIPMENT FOR OUTPATIENT SERVICES ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF EQUIPMENT IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED							
ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"							
142	ITEM	(A) AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED , NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	ELECTRIC AUTOCLAVE (PRESSURE AND WET HEAT)	1	2	3 ↓ 02	1 ↓ 04	2	8

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142	ITEM	(A) AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED , NOT SEEN	NOT AVAILABLE	YES	NO	DK
02	NON-ELECTRIC AUTOCLAVE (PRESSURE AND WET HEAT)	1	2	3 ↓ 04	1	2	8
03	HEAT SOURCE FOR NON-ELECTRIC AUTOCLAVE	1	2	3 ↓ 04	1	2	8
04	ELECTRIC DRY HEAT STERILIZER	1	2	3 ↓ 143	1	2	8

Now I would like to ask you a few questions about waste management practices for sharps and medical waste, such as needles or blades. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DISPOSAL FOR SHARPS OR MEDICAL WASTE. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

143	How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)? PROBE TO ARRIVE AT CORRECT RESPONSE. NOTE: IF ANY OF THE RESPONSES 2- 9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	<u>BURN INCINERATOR</u> 2- chamber industrial (800- 1000+° C)2 1- chamber drum/brick3 <u>OPEN BURNING</u> Flat ground - no protection4 Pit or protected ground5 <u>DUMP WITHOUT BURNING</u> Flat ground - no protection6 Covered pit or pit latrine7 Open- pit - no protection8 Protected ground or pit9 <u>REMOVE OFFSITE</u> Stored in covered container10 Stored in other protected environment11 Stored unprotected12 Other96 (SPECIFY) Never has sharp waste95	
144	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages. How does this facility finally dispose of Medical waste other than sharps boxes? PROBE TO ARRIVE AT CORRECT RESPONSE. NOTE: IF ANY OF THE RESPONSES 2- 9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".	Same as for sharp items1 <u>BURN INCINERATOR</u> 2- chamber industrial (800- 1000+° C)2 1- chamber drum/brick 3 <u>OPEN BURNING</u> Flat ground - no protection 4 Pit or protected ground5 <u>DUMP WITHOUT BURNING</u> Flat ground - no protection 6 Covered pit or pit latrine7 Open- pit - no protection 8 Protected ground or pit 9 <u>REMOVE OFFSITE</u> Stored in covered container10 Stored in other protected Environment11 Stored unprotected12 Other96 (SPECIFY) Never has medical waste95	→146

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145	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL AND INDICATE THE CONDITION OBSERVED	NO WASTE VISIBLE2 WASTE VISIBLE BUT PROTECTED AREA3 WASTE VISIBLE, NOT PROTECTED4 WASTE SITE NOT INSPECTED....5	
146	CHECK Q143. DOES THE FACILITY HAVE SHARPS WASTE? (THAT IS, IS ANY CODE EXCEPT '95 CIRCLED?	YES.....1 NO SHARPS WASTE.....2	→148
147	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	SAME SITE AS FOR MEDICAL WASTE1 NO WASTE VISIBLE2 WASTE VISIBLE BUT PROTECTED AREA3 WASTE VISIBLE, NOT PROTECTED.....4 WASTE SITE NOT INSPECTED ...5	
148	CHECK Q143 AND Q144. IS AN INCINERATOR USED? (IS RESPONSE '02 OR '03' CIRCLED FOR EITHER QUESTION?	YES, INCINERATOR1 NO, INCINERATOR2	→151
149	Is the incinerator functional today? ACCEPT REPORTED RESPONSE.	YES.....1 NO.....2	→151
150	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE.	YES.....1 NO.....2	

HEALTH INFORMATION SYSTEMS

Now I have some questions about your routine reporting systems. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE HEALTH MANAGEMENT INFORMATION SYSTEMS AND ROUTINE REPORTING. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

151	Does this facility have a designated person, such as an M&E officer, data manager, who is responsible for recording or collating health services data in this facility?	YES.....1 NO DEDICATED PERSON2	
152	Who is responsible for health services data in this facility? IF THE FACILITY SAYS NO ONE IS RESPONSIBLE, MARK "2' FACILITY IN CHARGE".	DATA MANAGER/M&E OFFICER/ HMIS PERSON.....1 FACILITY IN-CHARGE.....2 OTHER SERVICE PROVIDER3 SECONDED STAFF4	
153	Do you receive or compile reports of newly diagnosed HIV + cases in the facility?	YES.....1 NO.....2 NO HIV DIAGNOSIS IN FACILITY.3	→157 →157
154	ASK TO SEE THE PAST 3 MONTHLY REPORTS FOR HIV TESTING. <u>WE WANT INFORMATION FROM BOTH FACILITY AND OUTREACH SERVICES.</u>	OBSERVED1 REPORTED, NOT SEEN 2	→157
155	RECORD THE NUMBER OF HIV TESTS CARRIED OUT IN THE OBSERVED REPORTS FOR THE PAST 3 MONTHS	NUMBER HIV TESTS CONDUCTED PAST 3 MONTHS NOT AVAILABLE.....9998	
156	RECORD THE NUMBER OF HIV + CASES IN THE PAST 3 MONTHS FROM FACILITY <u>AND</u> OUTREACH	NUMBER HIV + CLIENTS PAST 3 M	

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HEALTH INFORMATION SYSTEMS						
	YOU MAY USE THE SUMMARY MONTHLY REPORTS. IF SUMMARY REPORTS ARE NOT AVAILABLE, USE OPD REGISTERS.	NOT AVAILABLE.....9998				
157	ASK TO SEE THE MOST RECENT 3 MONTHLY REPORT (USE CLIENT VISIT REGISTER IF REPORT NOT AVAILABLE) FOR OUTPATIENT CLIENT VISITS THE LAST FULL 3 MONTHS	OBSERVED1 REPORTED, NOT SEEN 2 INFORMATION NOT AVAILABLE .3			→159 →159	
158	How many outpatient client visits were made to this facility in the past 3 completed calendar months for both adults and children? YOU MAY USE THE SUMMARY MONTHLY REPORTS. IF SUMMARY REPORTS ARE NOT AVAILABLE, USE OPD REGISTERS.	# OPD CLIENT VISITS				
		PAST 3 MONTHS DON'T KNOW..... 99998.				
159	DESCRIBE THE SITE/LOCATION WHERE HMIS REPORTS AND RECORDS ARE STORED.	SEPARATE ROOM1 CABINET2 SHARED ROOM NO CABINET3 NO SINGLE SITE4			→159	
160	DESCRIBE THE SITE/LOCATION WHERE HMIS REPORTS AND RECORDS ARE STORED.	CLEAN, DRY, CAN BE LOCKED...1 RISK OF DAMPNES OR CANNOT BE LOCKED2				
161	ARE THERE SHELVES FOR THE RECORDS?	YES.....1 NO.....2				
162	IS THE SPACE ADEQUATE FOR SAFE STORAGE AND ORGANIZATION OF RECORDS AND REPORTS? OBSERVE AND ASK STAFF FOR THEIR INPUT ON WHETHER SPACE IS ADEQUATE.	YES.....1 NO.....2				
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)						
NAME OF RESPONDENT CONTACT PHONE NUMBER						
MODULE 2: GENERAL OUTPATIENT DEPARTMENT						
ASK TO SEE WHERE CURATIVE CARE FOR ADULTS IS PROVIDED (THE OUTPATIENT DEPARTMENT). ASK TO TALK WITH THE PERSON MOST FAMILIAR WITH THE UNIT (USUALLY THE MATRON). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED. AND EXPLAIN THAT YOU WANT TO SEE SOME OF THE EQUIPMENT AND SERVICE SITES. IF THERE IS A SEPARATE OPD FOR CHILDREN, YOU MAY CHECK THERE FOR THE CHILD OR INFANT SCALES.						
I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the general outpatient area of this facility. For each equipment or item, please tell me if it is available today and functioning.						
200	ASK TO SEE EACH ITEM AND DETERMINE IF IT IS FUNCTIONING TODAY	(A) AVAILABILITY			(B) FUNCTIONING	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO DK

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200	ASK TO SEE EACH ITEM AND DETERMINE IF IT IS FUNCTIONING TODAY	(A) AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	ADULT WEIGHING SCALE	1	2	3 ↓ 02	1	2	8
02	CHILD WEIGHING SCALE 250 GRAM GRADATIONS	1	2	3 ↓ 03	1	2	8
03	INFANT WEIGHING SCALE 100 GRAM GRADATIONS	1	2	3 ↓ 04	1	2	8
04	THERMOMETER	1	2	3 ↓ 05	1	2	8
05	STETHOSCOPE	1	2	3 ↓ 06	1	2	8
06	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL, OR MANUAL SPHYGMOMANOMETER PLUS STETHOSCOPE)	1	2	3 ↓ 07	1	2	8
07	LIGHT SOURCE FOR EXAMINATION (FLASHLIGHT ACCEPTABLE)	1	2	3 ↓ 201	1	2	8

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE

201	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	CLEAN RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1	2	3
05	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
06	DISPOSABLE LATEX GLOVES	1	2	3
07	ENVIRONMENTAL DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL, JIK, etc.]	1	2	3
08	'SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
09	MEDICAL (SURGICAL OR PROCEDURAL) MASKS	1	2	3
10	GOWNS	1	2	3
11	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
12	GUIDELINES ON STANDARD PRECAUTIONS	1	2	3

MODULE 2: GENERAL OUTPATIENT DEPARTMENT

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MODULE 2: GENERAL OUTPATIENT DEPARTMENT			
202	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA FOR CLIENT EXAMINATIONS	PRIVATE 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4	
203	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use? IF YES: What type of toilet?	FLUSH TOILET 1 VIP LATRINE 2 COVERED PIT LATRINE NO SLAB 3 COVERED PIT LATRINE W/ SLAB 4 UNCOVERED PIT LATRINE NO SLAB 5 UNCOVERED PIT LATRINE W/ SLAB 6 COMPOSTING TOILET 7 NO FUNCTIONING TOILET/BUSH..... 8	
ASK THE RESPONDENT TO TAKE YOU ON A QUICK WALK THROUGH THE FACILITY. IF THIS IS A LARGE FACILITY GO TO THE MAIN OUTPATIENT SERVICE AREA, THE ANTENATAL CARE SERVICE AREA, AND THE OUTPATIENT HIV SERVICE AREAS (IF APPLICABLE). DESCRIBE THE FOLLOWING CONDITIONS			
204	ROOF/CEILING (CHECK FOR HOLES OR WATER MARKS).	SOLID, NO LEAKS 1 SOME BROKEN AREAS/LEAKS 2	
205	WALLS (CHECK FOR HOLES OR WATER MARKS).	SOLID, NO LEAKS 1 SOME BROKEN AREAS/LEAKS 2	
206	FLOORS. A PAVED FLOOR HAS TILE, CEMENT, WOOD OR ANOTHER COVER THAT CAN BE EASILY DISINFECTED.	PAVED, NO BREAKS 1 PAVED, YES BREAKS 2 NOT TOTALLY PAVED 3	
207	WINDOWS.	GLASS/NO BREAKS 1 GLASS WITH CRACKS/BREAKS 2 SHUTTERS NO BREAKS 3 SHUTTERS WITH BREAKS 4 SOME OPEN/NO COVER 5	
208	CAN THE SERVICE AREAS THAT WERE ASSESSED BE LOCKED?	YES 1 NOT ALL/NO 2	
COMMENTS:			
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)			
NAME OF RESPONDENT		CONTACT PHONE NUMBER	
Now I want to go to where different services are provided, to talk with the most knowledgeable person for that service, and to see some items related to service delivery.			

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MODULE 3: MATERNITY AND PMTCT SERVICES							
300	CHECK Q021 (01). Does this facility offer any routine ANC services?	YES..... 1 NO..... 2		→310			
ASK TO BE SHOWN TO THE LOCATION WHERE ROUTINE OUTPATIENT ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE. INTRODUCE YOURSELF. EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.							
301	What is the qualification of the person responsible for ANC services	NURSE/DOCTOR/MIDWIFE 1 OTHER 2					
302	Do you have the National ANC guidelines available in this service area today?	YES..... 1 NO..... 2		→304			
303	May I see the national ANC guidelines? IT IS ACCEPTED IF ANC GUIDELINES ARE INCLUDED WITH OTHER GUIDELINES	OBSERVED..... 1 REPORTED, NOT SEEN 2					
304	Do you have intermittent preventive treatment (IPT) guidelines (for malaria) in this service area today?	YES..... 1 NO..... 2		→306			
305	May I see the IPT guidelines? IT IS ACCEPTED IF IPT GUIDELINES ARE INCLUDED WITH OTHER GUIDELINES	OBSERVED..... 1 REPORTED, NOT SEEN 2					
I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the ANC service area and functioning. ASK TO SEE THE ITEMS							
306	ITEM	(A) AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	D K
01	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL, OR MANUAL SPHYGMOMANOMETER PLUS STETHOSCOPE)	1	2	3 ↓ 307	1	2	8
307	Does this facility stock any of the ANC medicines and commodities here in the service area?	YES 1 NO 2		→309			
308	ASK TO SEE THE COMMODITIES LISTED BELOW	OBSERVED AVAILABLE		NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Iron tablets	1	2	3	4	5	
02	Folic acid tablets	1	2	3	4	5	
03	Iron and folic acid combined	1	2	3	4	5	
04	SP / Fansidar for IPT	1	2	3	4	5	
05	Tetanus toxoid vaccine	1	2	3	4	5	
309	ASK TO SEE THE EVIDENCE OF THE NUMBER OF NEW ANC CLIENTS WHO RECEIVED SERVICES DURING THE PAST 6 FULL MONTHS	NUMBER OF NEW ANC CLIENTS RECEIVING SERVICES PAST 6 MONTHS		NOT AVAILABLE 9998			
309 a	WRITE NUMBER OF FULL MONTHS AVAILABLE FOR Q309.	NUMBER OF MONTHS DATA Q309					

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MODULE 3: MATERNITY AND PMTCT SERVICES				
310	CHECK Q021 (08). Are PMTCT services offered in this facility?	YES..... 1 NO..... 2	→ 313	
311	Is there space in the ANC service area to provide confidential counselling for PMTCT if they are to start? IF YES, ASK TO SEE THE LOCATION AND DESCRIBE THE CONDITIONS CURRENTLY POSSIBLE	PRIVATE 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY 3 NO PRIVACY..... 4		
312	Is there space in the ANC service area to store ARVs for PMTCT where they can be on shelves, will remain dry, and can be locked? IF YES, ASK TO SEE THE SPACE AND VERIFY CONDITIONS ARE MET.	YES..... 1 NO..... 2	→ 400 → 400	
ASK TO BE SHOWN TO THE LOCATION WHERE PMTCT SERVICES ARE OFFERED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE IN PMTCT. EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.				
313	How many months have PMTCT services been offered in this facility? IF THE RESPONDENT IS NOT CERTAIN, PROBE FOR AN ESTIMATE.	MONTHS PMTCT OFFERED MORE THAN 12 12		
314	ASK THE FOLLOWING: <u>As part of PMTCT services</u> , do you or others in this facility routinely [READ EACH SERVICE LISTED BELOW].ROUTINELY MEANS THE SERVICE IS OFFERED TO ALL ELIGIBLE PERSONS.	YES	NO	
01	Provide HIV counseling and testing services to pregnant women?	1	2	
02	Provide HIV testing services to infants born to HIV positive pregnant women?	1	2	
03	Provide ARV prophylaxis to HIV positive pregnant women?	1	2	
04	Provide ARV prophylaxis to newborns of HIV positive pregnant women?	1	2	
05	Provide infant and young child feeding counseling for PMTCT?	1	2	
06	Provide nutritional counseling for HIV positive pregnant women and their infants for PMTCT?	1	2	
07	Provide family planning/birth-spacing counseling to HIV positive pregnant women?	1	2	
315	Does this facility routinely do the CD4 or refer HIV+ pregnant women for CD4 count to determine their eligibility for ART?	YES 1 NO 2	→ 317	
316	Does this facility routinely provide ART for pregnant women who are eligible as per the National Guidelines	YES 1 NO 2		
317	Do you have the national guidelines for PMTCT available in this service area today?	YES 1 NO 2	→ 319	
318	ASK TO SEE THE PMTCT GUIDELINES.	OBSERVED 1 REPORTED, NOT SEEN..... 2	→ 321	
319	Do you have guidelines for infant and young child feeding counseling available in this service area today?	YES..... 1 NO..... 2	→ 321	
320	ASK TO SEE THE GUIDELINES.	OBSERVED 1 REPORTED, NOT SEEN 2		
ASK TO SEE THE ROOM(S) WHERE PMTCT SERVICES ARE OFFERED				

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MODULE 3: MATERNITY AND PMTCT SERVICES					
321	Is there an area set aside or a room where women can have privacy during PMTCT counselling? DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA.	PRIVATE..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4			
322	Does this facility offer HIV rapid diagnostic testing FOR PMTCT?	YES, THIS SITE 1 YES, LAB OR HCT SITE 2 NOT IN FACILITY 3	→324 →329		
323	OBSERVED CONDITIONS IN THE AREA WHERE THE HIV RAPID TESTING IS CARRIED OUT FOR PMTCT AND INDICATE FINDINGS FOR STANDARD PRECAUTIONS.				
	ITEMS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	CLEAN RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3	
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3	
03	ALCOHOL-BASED HAND RUB	1	2	3	
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1	2	3	
05	SHARPS CONTAINER ("SAFETY BOX")	1	2	3	
06	DISPOSABLE LATEX GLOVES	1	2	3	
07	ENVIRONMENTAL DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL, JIK,]	1	2	3	
08	HIV RAPID TEST KITS (WITH VALID EXPIRATION DATE)	1	2	3	
09	FILTER PAPER FOR DRY BLOOD SPOT TESTING OF INFANT (WITH VALID EXPIRATION DATE).	1	2	3	
324	Does this unit use the national PMTCT register for recording services?	YES..... 1 NO..... 2	→326		
325	ASK TO SEE THE REGISTER	OBSERVED 1 REPORTED, NOT SEEN 2			
326	How many ANC clients were tested for HIV during the past 3 full months? ASK TO SEE THE REGISTER/ RECORD ONSITE AND COUNT THE NUMBER.	# ANC WITH HIV TEST PAST 3M NO RECORD/DON'T KNOW..... 9998			
327	How many ANC clients who were tested for HIV during the past 3 full months were HIV+? ASK TO SEE THE REGISTER/ RECORD ONSITE AND COUNT THE NUMBER.	# ANC WITH HIV +TEST PAST 3M NO RECORD/DON'T KNOW..... 998			
328	ASK TO SEE HOW THE UNIT DETERMINES THE NUMBER OF HIV + ANC CLIENTS WHO RECEIVE THE ARV FOR PMTCT	RECORD OBSERVED 1 NO METHOD FOR CALCULATING % RECEIVING ARV..... 2			
329	Do records exist to calculate how many newborns of HIV+ PMTCT clients were tested for HIV?	YES..... 1 NO..... 2	→331		
330	GO TO SITE WHERE RECORDS EXIST AND VERIFY THAT THERE IS FOLLOW UP TAKING PLACE.	OBSERVED 1 REPORTED, NOT SEEN 2			

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MODULE 3: MATERNITY AND PMTCT SERVICES						
331	Does this facility stock any medicines for PMTCT in this service site?	YES1 NO2		→400		
332	Are any of the following medicines available in this service area today?					
	CHECK TO SEE IF AT LEAST ONE IS VALID [IF NOT SPECIFIED, LOOK FOR CAPSULE/TABLET)	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Zidovudine (AZT) syrup	1	2	3	4	5
02	Nevirapine (NVP) syrup	1	2	3	4	5
03	Zidovudine (ZDV, AZT)	1	2	3	4	5
04	Nevirapine (NVP)	1	2	3	4	5
05	LAMIVUDINE (3TC) TABS	1	2	3	4	5
06	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
07	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
08	EFVIRENZ (EFV) TABS	1	2	3	4	5
09	ABACAVIR (ABC) TABS	1	2	3	4	5
10	EMTRICITABINE (FTC)	1	2	3	4	5
11	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5
332a	DOES THE ARV STORAGE SITE MEET ALL OF THESE CONDITIONS: DRY, ARVS ON A SHELF, IT CAN BE LOCKED.	YES1 NO2				
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)						
NAME OF RESPONDENT CONTACT PHONE NUMBER						
MODULE 4: DELIVERY AND PMTCT SERVICES DURING DELIVERY						
400	CHECK Q021 (02). Does this facility provide any facility- based normal delivery services?	YES.....1 NO2		→NDP		
ASK TO GO TO WHERE NORMAL DELIVERIES ARE CONDUCTED AND ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH PMTCT SERVICES FOR WOMEN DURING LABOR, DELIVERY, AND POSTPARTUM. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.						
401	Does this facility provide or offer any PMTCT services for women who come in to deliver?	YES.....1 NO2		→500		
402	Do providers of delivery services conduct HIV testing from this service site?	YES.....1 NO2		→405		
403	Is HIV rapid diagnostic testing available in this service site?	YES.....1 NO2		→405		
404	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID1 OBSERVED, NONE VALID.....2 REPORTED AVAILABLE, NOT SEEN3				

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MODULE 4: DELIVERY AND PMTCT SERVICES DURING DELIVERY							
405	What other PMTCT service do you provide?		PROVIDE ARV TO HIV + WOMAN.. A COUNSEL TO BRING INFANT FOR TESTING B COUNSEL INFANT FEEDING C NONE Z				
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)							
NAME OF RESPONDENT				CONTACT PHONE NUMBER			
MODULE 5: FAMILY PLANNING/BIRTH SPACING							
500	CHECK Q021 (05). Does this facility offer any routine family planning/ birth spacing services?		YES, FAMILY PLANNING/BIRTH-SPACING1 NO FAMILY PLANNING/BIRTH SPACING2			→NDP	
ASK TO GO TO THE MAIN LOCATION WHERE FAMILY PLANNING/BIRTH-SPACING SERVICES ARE OFFERED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE FAMILY PLANNING SERVICES. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.							
501	First I want to know about the different methods of family planning/child-spacing that this facility offers. Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:						
	COMMODITY	PROVIDE (STOCK COMMODITY)	PRESCRIBE OR COUNSEL AND REFER ONLY	NOT OFFERED			
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3			
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3			
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3			
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES	1	2	3			
05	MALE CONDOMS	1	2	3			
06	FEMALE CONDOMS	1	2	3			
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3			
08	IMPLANT	1	2	3			
09	EMERGENCY CONTRACEPTIVE PILLS	1	2	3			
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3			
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE	Not applicable	2	3			
12	VASECTOMY (MALE STERILIZATION)	1 (provide)	2	3			
13	TUBAL LIGATION (FEMALE STERILIZATION)	1 (provide)	2	3			
14	SPERMICIDE OR DIAPHRAGM	1	2	3			
15	OTHER _____ (SPECIFY)	1	2	3			
502	Do you have the national family planning/birth-spacing guidelines available <u>in this service area</u> today?		YES 1 NO 2			→508	
503	May I see the national family planning/birth-spacing guidelines?		OBSERVED 1 REPORTED, NOT SEEN 2				
504-507 delete							
508	ITEM	(A) AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED , NOT SEEN	NOT AVAILABLE	YES	NO	DK

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MODULE 5: FAMILY PLANNING/BIRTH SPACING							
01	BLOOD PRESSURE APPARATUS (MAY BE DIGITAL, OR MANUAL SPHYGNOMANOMETER PLUS STETHOSCOPE)	1	2	3 ↓ 307	1	2	8
509	Does this facility store family planning/birth-spacing commodities at this site?		YES 1 NO 2		→ NDP		
510	ASK TO SEE THE COMMODITIES LISTED BELOW AND CHECK THAT AT LEAST ONE IS VALID	OBSERVED AVAILABLE		NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5	
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5	
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5	
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES	1	2	3	4	5	
05	MALE CONDOMS	1	2	3	4	5	
06	FEMALE CONDOMS	1	2	3	4	5	
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3	4	5	
08	IMPLANT	1	2	3	4	5	
09	EMERGENCY CONTRACEPTIVE PILLS	1	2	3	4	5	
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	Not applicable	3	4	5	
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)							
NAME OF RESPONDENT				CONTACT PHONE NUMBER			
MODULE 6: HIV COUNSELLING AND TESTING (HCT)							
600	CHECK Q021 (07). IS HIV counselling for HIV testing, or HIV testing offered in this facility for the general public or outpatient clients?	YES COUNSELING AND TESTING 1 YES, COUNSELLING ONLY 2 NO 3		→ NDP			
ASK TO GO TO THE MAIN HIV COUNSELING AND TESTING SITE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV C&T SERVICES. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.							
601 a	How many months have HIV test counseling services been offered in this facility? IF THE RESPONDENT IS NOT CERTAIN, PROBE FOR AN ESTIMATE.	MONTHS HIV TEST COUNSELING OFFERED					
		12 OR MORE MONTHS 12					
601 b	How many months has HIV testing to clients who request the test been offered in this facility? IF THE RESPONDENT IS NOT CERTAIN, PROBE FOR AN ESTIMATE.	MONTHS HIV TESTING OFFERED					
		12 OR MORE MONTHS 12					
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MODULE 6: HIV COUNSELLING AND TESTING (HCT)				
602	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, which of the following procedures is followed? In other words, what are the possible options for the client to receive the test?			
	READ EACH OF THE FOLLOWING AND RECORD THE RESPONSE	YES	NO	
01	HIV rapid test in this service site	1	2	
02	Blood drawn here, sent to lab	1	2	
03	Client sent to other service site in facility	1	2	
04	Client sent to lab in facility	1	2	
05	Client sent to external site	1	2	
06	Blood drawn here sent to external site	1	2	
603	Do you have the national HIV Counselling and Testing guidelines available in this service area today?	YES 1 NO 2	→605	
604	May I see the national HIV Counselling and Testing guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→607	
605	Do you have written guidelines on confidentiality and disclosure of HIV test results? MAY BE PART OF ANOTHER GUIDELINE OR MAY BE POSTED ON WALL	YES 1 NO 2	→607	
606	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED 1 REPORTED, NOT SEEN 2		
607	Is there an area set aside or a room where clients can have privacy during HIV counselling and testing? DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4		
608	Does this facility offer HIV rapid diagnostic testing for general HIV counseling and testing?	YES, THIS SITE 1 YES, LAB OR PMTCT SITE 2 NOT IN FACILITY 3	→610 →612	
609	GO TO WHERE HIV RAPID TESTING IS CONDUCTED FOR HIV C&T SERVICES AND OBSERVED CONDITIONS IN THE AREA, INDICATE FINDINGS FOR STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATIONS.			
	ASK TO SEE EACH LISTED ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	CLEAN RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1	2	3
05	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
06	DISPOSABLE LATEX GLOVES	1	2	3
07	ENVIRONMENTAL DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL, JIK, etc.]	1	2	3
08	HIV rapid test (with valid expiration date)	1	2	3
610	Does this unit use the national HCT register for recording services?	YES 1 NO 2	→612	
611	ASK TO SEE THE REGISTER	OBSERVED 1 REPORTED, NOT SEEN 2		

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612	How many clients received HIV testing as part of counseling and testing during the past 3 full months? ASK TO SEE THE CLIENT REGISTER OR MONTHLY REPORTS AND COUNT THE CLIENTS WHO HAD THE HIV TEST CONDUCTED.	TOTAL CLIENTS RECEIVING HIV C&T PAST 3 MONTHS DON'T KNOW 9998		
613	How many clients received HIV counseling and testing during the past 3 full months were HIV +? ASK TO SEE THE CLIENT REGISTER AND COUNT THE HIV + CLIENTS.	TOTAL CLIENTS HIV + PAST 3 M DON'T KNOW 998		
614	Do you have condoms available <u>in this service site</u> to give to clients receiving services? IF YES, ASK TO SEE CONDOMS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO, NOT AVAILABLE 3		

THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)

NAME OF RESPONDENT

CONTACT PHONE NUMBER

MODULE 7: HIV TREATMENT SERVICES (ART)

700	CHECK Q021 (09). Do providers in this facility prescribe ART?	YES 1 NO 2	
701	Do providers in this facility provide treatment follow-up services for persons on ART, either in the facility or community-based services?	YES 1 NO 2	
CHECK Q700 AND Q701. IF EITHER QUESTION IS MARKED 'YES' ART SERVICES ARE OFFERED: ☐		IF BOTH QUESTIONS ARE MARKED 'NO' NO ART SERVICES THEN: ☐	→ NDP
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ART TREATMENT OR FOLLOW UP SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS			
702 a	How many months have ART follow up services been provided in this facility? IF THE RESPONDENT IS NOT CERTAIN, PROBE FOR AN ESTIMATE.	a) MONTHS ART FOLLOW-UP SERVICES OFFERED 12 OR MORE MONTHS 12 SERVICE NOT OFFERED..... 00	
702 b	How many months have ART prescription services been provided in this facility? IF THE RESPONDENT IS NOT CERTAIN, PROBE FOR AN ESTIMATE.	MONTHS ART PRESCRIPTION OFFERED 12 OR MORE MONTHS 12 SERVICE NOT OFFERED..... 00	
703	Is there a person specifically in charge of ART?	YES 1 NO 2	→ 706
704	IS YOUR RESPONDENT THE PERSON RESPONSIBLE FOR ART?	YES 1 NO, NOT PRESENT TODAY 2	
705	What is your qualification [the qualification of the person in charge of ART services?]	CONSULTANT/SPECIALIST 1 PHYSICIAN 2 MEDICAL ASSISTANT 3 PROF. NURSE/MIDWIFE 4 AUXILLIARY NURSE/MIDWIFE 5 OTHER 6 (SPECIFY)	

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MODULE 7: HIV TREATMENT SERVICES (ART)				
706	Do you have the <i>National ART guidelines</i> available in this service area?	YES 1 NO 2	→ 708	
707	May I see the national ART guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 710	
708	Do you have <i>any other ART guidelines</i> available in this service area?	YES 1 NO 2	→ 710	
709	May I see the other ART guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2		
ART RECORDS				
710	How many clients are currently on ART and being followed by this facility?	TOTAL NUMBER OF CURRENT ART CLIENTS		
711	ASK TO SEE INDIVIDUAL CLIENT CARDS FOR CURRENT ART CLIENTS. COUNT THE TOTAL NUMBER OF CARDS AVAILABLE. IF MORE THAN 100 DO NOT COUNT, SIMPLY CIRCLE '100'.	NUMBER OF INDIVIDUAL CLIENT CARDS MORE THAN 100 100 NONE AVAILABLE 995	→ 714	
712	RANDOMLY SELECT 10 INDIVIDUAL CLIENT CARDS TO REVIEW. IF LESS THAN 10 CLIENTS ON ART, REVIEW ALL CARDS. CIRCLE '1' IF THE INFORMATION IS PRESENT ON ALL REVIEWED INDIVIDUAL CLIENT CARDS	INFORMATION PRESENT IN CHECKED CLIENT CARD	ALL	NOT ALL
a) DATE OF ENROLLMENT IN ART		1	2	
b) ELIGIBILITY CRITERIA		1	2	
c) ARV REGIME BEING USED		1	2	
713	RECORD NUMBER OF INDIVIDUAL CLIENT CARDS THAT WERE REVIEWED	NUMBER OF CARDS REVIEWED NONE 00		
714	ASK TO SEE THE SUMMARY REGISTER WHERE ART CLIENT INFORMATION IS RECORDED. SKIM THE REGISTER FOR ALL NEW ENTRIES THE PAST ONE FULL MONTH. MARK WHICH INFORMATION IS COMPLETED FOR ALL CLIENTS NEWLY STARTED ON ART	INFORMATION PRESENT FOR ALL CLIENTS PAST MONTH	ALL	NOT ALL
a) ELIGIBILITY CRITERIA		1	2	
b) DATE OF ELIGIBILITY		1	2	
c) CD4 COUNT		1	2	
715	ASK TO SEE THE RECORDS THAT ARE USED TO MONITOR FOLLOW-UP FOR ART CLIENTS. MARK '1' FOR EACH ITEM OF INFORMATION THAT CAN BE COLLECTED FROM THE RECORDS	INFORMATION RECORDED	YES	NO
a) SEX OF CLIENT		1	2	
b) AGE OF CLIENT		1	2	
c) LATE FOR RESUPPLY		1	2	
d) LOST TO FOLLOW UP		1	2	
	e) DEATHS	1	2	
716	Were the <u>current</u> FMOH recommended ART client register and ART individual client card used by this facility?	FMOH TOOLS	YES	NO
		a) ART CLIENT REGISTER	1	2

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MODULE 7: HIV TREATMENT SERVICES (ART)											
		b) ART INDIVIDUAL CLIENT CARD	1	2							
717	Is the <u>main site</u> for storing stock antiretroviral medicines or protease inhibitors for the treatment of HIV/AIDS in this service site? PROVIDE THE MOST ACCURATE RESPONSE.	STORED IN THIS UNIT 1 STORED ELSEWHERE IN FACILITY 2 NO ARVS STOCKED..... 3									
	IF THE MAIN SITE FOR ARV MEDICINE STORAGE IS IN THIS UNIT, COMPLETE Q1114-1124 FROM THE PHARMACY MODULE IN THIS LOCATION.										
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)											
NAME OF RESPONDENT		CONTACT PHONE NUMBER									
MODULE 8a: HIV CARE AND SUPPORT											
800	CHECK Q021 (10). Does this facility provide any care and support services for HIV/AIDS clients? This includes routine follow-up for ART clients.	YES 1 NO 2		→820							
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV/AIDS CLIENTS RECEIVE CARE AND SUPPORT SERVICES. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV/AIDS CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.											
801	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:		YES	NO							
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.		1	2							
02	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients?		1	2							
03	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?		1	2							
04	Provide treatment for Kaposi's sarcoma?		1	2							
05	Provide nutritional rehabilitation services? e.g., client education and provision of nutritional supplements?		1	2							
06	Prescribe or provide fortified protein supplementation (FPS)?		1	2							
07	Care for pediatric HIV/AIDS patients?		1	2							
08a	Prescribe or provide preventive treatment for TB (INH)?		1	2							
08b	Prescribe or provide Pyridoxine with the IHN preventive treatment for Tb?		1	2							
09	Primary preventive treatment for opportunistic infections, such as co- trimoxazole preventive treatment (CPT)?		1	2							
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron?		1	2							
11	Family planning counseling?		1	2							
12	Provide condoms for preventing further transmission of HIV?		1	2							
802	Do providers in this facility screen or test HIV clients for TB or have a system for diagnosis of TB among HIV positive clients?	YES 1 NO 2		→805							
803	Is there a register that shows which HIV positive clients were tested for TB?	YES 1 NO 2		→805							
804	ASK TO SEE A REGISTER OR RECORD OF HIV POSITIVE CLIENTS TESTED FOR TB	OBSERVED 1 REPORTED, NOT SEEN..... 2									
805	Do you have the national guidelines for the clinical management of HIV/AIDS available in this facility today? (MAY BE PART OF OTHER GUIDELINES)	YES 1 NO 2		→807							
806	May I see the national guidelines for the clinical management of HIV/AIDS?	OBSERVED 1 REPORTED, NOT SEEN..... 2									
<table border="1"> <tr> <td>FACILITY NUMBER</td> <td></td> <td></td> <td>August 25 2012</td> <td>INTERVIEWER ID NUMBER</td> <td></td> <td></td> </tr> </table>					FACILITY NUMBER			August 25 2012	INTERVIEWER ID NUMBER		
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MODULE 8a: HIV CARE AND SUPPORT			
807	Do you have any guidelines for palliative care available in this facility today?	YES 1 NO 2	→808A
808	May I see the guidelines for palliative care? (THESE MAY BE PART OF OTHER GUIDELINES)	OBSERVED 1 REPORTED, NOT SEEN 2	
808 a	Is there an area set aside or a room where ART clients can have privacy during counselling and examination? DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4	
809	Do you have condoms available in this service site to give to clients receiving services? IF YES, ASK TO SEE THE CONDOMS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO, NOT AVAILABLE 3	
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)			
NAME OF RESPONDENT		CONTACT PHONE NUMBER	
MODULE 8B SEXUALLY TRANSMITTED INFECTIONS			
820	CHECK Q021 (11). Do providers in this facility offer STI services?	YES 1 NO 2	→NDP
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE STI CLIENTS RECEIVE DIAGNOSTIC AND TREATMENT SERVICES. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS			
821	Do providers in this facility diagnose sexually transmitted infections? (STI?)	YES 1 NO 2	
822	Do providers in this facility prescribe treatment for STIs?	YES 1 NO 2	
823	Are STI clients seen by this service routinely referred for HIV counseling and testing, or are they referred only if they are suspected to be infected with HIV?	YES, ROUTINELY 1 REFERRED ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED 2 NEVER REFER 3	
824	Do you have the national guidelines for the diagnosis and treatment of STIs available in this facility today?	YES 1 NO 2	→826
825	May I see the STI guidelines? STI GUIDELINES MAY BE COMBINED WITH OTHER GUIDELINES	OBSERVED 1 REPORTED, NOT SEEN 2	
826	Do you have condoms available in this service site for clients receiving services? IF YES, ASK TO SEE CONDOMS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO, NOT AVAILABLE 3	
827	Do providers conduct the rapid syphilis test from this service site?	YES 1 NO 2	→830
828	Is a rapid syphilis test kit available in this service site?	YES 1 NO 2	→830
829	May I see a sample of the rapid syphilis test? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3	
830	Does this facility keep any of the STI treatment medicines here in this service site?	YES 1 NO 2	→NDP

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MODULE 8B SEXUALLY TRANSMITTED INFECTIONS						
831	ASK TO SEE EACH OF THE FOLLOWING MEDICINES AND CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	METRONIDAZOLE CAP/ TAB	1	2	3	4	5
02	CIPROFLOXACIN CAP/TAB	1	2	3	4	5
03	CEFTRIAXONE INJECTION	1	2	3	4	5
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)						
NAME OF RESPONDENT			CONTACT PHONE NUMBER			
MODULE 9: TUBERCULOSIS						
900	CHECK Q021 (12). Does this facility provide any tuberculosis diagnosis, treatment or client follow-up for TB?	YES 1 NO 2			→ NDP	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE TB CLIENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS						
901	Do providers in this facility diagnose TB?	YES 1 NO 2			→ 903	
902	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY 1 X-RAY ONLY 2 EITHER SPUTUM OR X-RAY 3 BOTH SPUTUM AND X-RAY 4 CLINICAL SYMPTOMS ONLY 5 TB RAPID TEST 6				
903	Do providers in this facility prescribe treatment for TB?	YES 1 NO 2			→ 905	
904	What is the most common treatment strategy followed by providers in this facility for newly diagnosed TB? PROBE AND CIRCLE CORRECT RESPONSE.					
	DIRECT OBSERVE 2M, F/UP 4M 1 DIRECT OBSERVE 6M 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE 3 DIAGNOSE AND TREAT WHILE INPATIENT AND DISCHARGE ELSEWHERE FOR F/UP 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE 7 OTHER 8 (SPECIFY)					
905	Do providers in this facility screen or test TB clients for HIV or have a system for diagnosis of HIV among TB clients?	YES 1 NO 2			→ 912	

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MODULE 9: TUBERCULOSIS			
906	Are all TB clients seen by this service routinely referred for or provided HIV counseling and testing, or are they referred/provided the service only if they are suspected to be infected with HIV?	ROUTINELY REFERRED/ PROVIDED HIV C&T 1 REFERRED/PROVIDED HIV C&T ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED 2	
907	Is there a register where it is recorded when TB clients are tested for HIV?	YES 1 NO 2	→909
908	ASK TO SEE A REGISTER OR RECORD OF TB CLIENTS TESTED FOR HIV	OBSERVED 1 REPORTED, NOT SEEN 2	
909	Does this facility offer HIV rapid diagnostic testing in this service site?	YES 1 NO 2	→912
910	Is a HIV rapid diagnostic test kit available in this service site?	YES 1 NO 2	→912
911	May I see a sample HIV rapid diagnostic test kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3	
912	Do you have the national guidelines for the diagnosis and treatment of TB available <u>in this service area today</u> ?	YES 1 NO 2	→914
913	May I see the national guidelines for the diagnosis and treatment of TB?	OBSERVED 1 REPORTED, NOT SEEN 2	→916
914	Do you have any guidelines related to TB infection control available <u>in this service area today</u> ?	YES 1 NO 2	→920
915	May I see the guidelines related to TB infection control?	OBSERVED 1 REPORTED, NOT SEEN 2	
916	Do you have any guidelines for the management of HIV and TB co- infection available <u>in this service area today</u> ?	YES 1 NO 2	→918
917	May I see the guidelines for the management of HIV and TB co- infection?	OBSERVED 1 REPORTED, NOT SEEN 2	
918	Do you have any guidelines related to multidrug resistant (MDR) TB treatment available <u>in this service area today</u> ?	YES 1 NO 2	→920
919	May I see the guidelines related to MDR- TB treatment?	OBSERVED 1 REPORTED, NOT SEEN 2	
920	Is the main site for storing the stock of Tuberculosis medicines in this service site?	STORED IN THIS UNIT 1 STORED ELSEWHERE IN FACILITY 2 NO TB MEDS STOCKED 3	
IF THE MAIN SITE FOR TB MEDICINE STORAGE IS IN THIS UNIT, COMPLETE Q1112-1114 FROM THE PHARMACY MODULE IN THIS LOCATION.			
THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)			
NAME OF RESPONDENT		CONTACT PHONE NUMBER	

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MODULE 10: DIAGNOSTICS							
1000	Does this facility carry out any diagnostic or other laboratory tests onsite, that is anywhere in the facility, for any services? This includes using dipsticks or rapid tests. IF YES, ASK: Is there a laboratory?" CIRCLE ALL RESPONSES THAT ARE APPLICABLE FOR THIS FACILITY.	YES, FACILITY HAS LAB A YES DIAGNOSTICS ONSITE, BUT FACILITY HAS NO LAB B SEND SPECIMENS/CLIENT OUTSIDE FOR TESTING AND RECEIVE RESULTS FOR FOLLOW-UP C AREA LOCKED/NO ACCESS Y NO DIAGNOSTICS USED Z					→NDP →NDP
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY, THEN ASK THE FOLLOWING QUESTIONS.							
I would like to know if the following diagnostic tests are available today in this facility. I would also like to observe the equipment that is available for these tests. If any of the diagnostic tests I mention is conducted in another location in the facility, please tell me where in the facility it is conducted so I can go there to verify.							
1001	Does this facility do any haemoglobin testing on site, i.e. in the facility?	YES 1 NO 2					→1003a
1002	Please tell me if any of the following hemoglobin test equipment is available with all items needed for the test, and if the equipment is in working order.	(A) AVAILABILITY			(B) FUNCTION		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	Hematology analyzer/Coulter (for total lymphocyte count, full blood count, platelet count)	1	2	3 ↓ 02	1	2	8
02	Stains for full blood count and differential	1	2	3	////	////	////
03	HemoCue machine	1	2	3 ↓ 04	1	2	8
04	Hemoglobinometer (Lovibond apparatus) or Colorimeter	1	2	3 ↓ 06	1	2	8
05	Drabkin's solution for hemoglobinometer or colorimeter	1	2	3	////	////	////
06	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	////	////	////
1003a	Does this facility do CD4 or viral load testing?	YES 1 NO 2					→1004
1003b	May I see the CD4 or viral load test equipment?	OBSERVED 1 REPORTED, NOT SEEN 2					
1003c	Is the CD4 or viral load test equipment functioning?	YES 1 NO 2					
1004	Does this facility ever send blood outside the facility for CD4 or Viral Load?	YES 1 NO 2					→1008
1005	For which of these tests does this facility send blood outside? PROBE	CD4 A VIRAL LOAD B					
1006	Does this facility maintain records of CD4 or Viral Load test result that are conducted outside of this facility?	YES 1 NO 2					→1008
1007	May I see records of recent CD4 or Viral Load tests conducted outside this facility?	OBSERVED 1 REPORTED, NOT SEEN 2					

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MODULE 10: DIAGNOSTICS							
1008	Does this facility conduct any HIV tests, including HIV Rapid Diagnostic Test (RDT)?	YES 1 NO 2			→1016		
1009	Please tell me if any of the following HIV test equipment is available with all items needed for the test, and if the equipment is in working order.	(A) AVAILABILITY			(B) FUNCTION		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	ELISA scanner/reader	1	2	3 ↓ 03	1	2	8
02	Washer for ELISA scanner/reader	1	2	3	////	////	////////
03	Dynabeads with vortex mixer	1	2	3 ↓ 04	1	2	8
04	Western Blot test	1	2	3 ↓ 05	1	2	8
05	PCR for viral load (polymerase chain reaction method for testing blood)	1	2	3 ↓ 06	1	2	8
06	PCR for DNA-EID	1	2	3 ↓ 07	1	2	8
07	HIV rapid diagnostic test with valid expiration date	1	2	3	////	////	////////
08	Dried blood spot HIV test for newborn, with valid expiration date	1	2	3	////	////	////////
1010	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES 1 NO 2			→1016		
1011	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED AND CIRCLE ALL THAT APPLY	PROFICIENCY PANEL A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE B BLOOD SENT OUTSIDE FOR RETESTING C					
1012	Is there a record of the results from the external quality check?	YES 1 NO 2			→1016		
1013	May I see the records or results from the external quality check?	OBSERVED 1 REPORTED, NOT SEEN 2					
1014	What is the most recent date for an external quality check test result or error rate?	WITHIN PAST ONE MONTH 1 WITHIN PAST 2-6 MONTHS 2 MORE THAN 6 MONTHS 3					
1015	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE NOT AVAILABLE 995					
1016	Do you send blood outside the facility for HIV diagnostic testing?	YES 1 NO 2			→1020		

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MODULE 10: DIAGNOSTICS							
1017	For which HIV test do you send blood outside? PROBE	ELISA/EIAA WESTERN BLOTB PCR FOR EIDC RAPID TESTING.....D OTHERW (SPECIFY)					
1018	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES1 NO2			→1020		
1019	May I see records of recent tests conducted outside this facility?	OBSERVED1 REPORTED, NOT SEEN.....2					
1020	Do you have written guidelines on confidentiality and disclosure of HIV test results? MAY BE PART OF ANOTHER GUIDELINE	YES1 NO2			→1022		
1021	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED1 REPORTED, NOT SEEN.....2					
1022	Does this facility do any blood glucose or chemistry testing in the facility?	YES1 NO2			→1024		
1023	Please tell me if any of the following blood test equipment is available with all items needed for the test, and if the equipment is in working order.	(A) AVAILABILITY			(B) FUNCTION		
		OBSE RVED	REPORT ED, NOT SEEN	NOT AVAIL ABLE	YES	NO	DK
01	Glucometer for blood glucose	1	2	3 ↓ 02	1	2	8
02	Glucometer test strips (with valid expiration date)	1	2	3	////	////	////
03	Blood chemistry analyzer that provides serum creatinine, liver function tests (LFTs) and blood glucose	1	2	3 ↓ 1024	1	2	8
1024	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES1 NO2			→1026		
1025	Please tell me if any of the following urine tests are available and whether the test has a valid expiration date.	(A) AVAILABILITY			(B) FUNCTION		
		OBSE RVED	REPORT ED, NOT SEEN	NOT AVAIL ABLE	YES	NO	DK
01	Dip sticks for urine protein (with valid expiration date)	1	2	3	////	////	////
02	Dip sticks for urine glucose (with valid expiration date)	1	2	3	////	////	////
03	Dip sticks for urine chemical testing (with valid expiration date)	1	2	3	////	////	////
04	Dip sticks for urine ketones (with valid expiration date)	1	2	3	////	////	////
05	Urine pregnancy test (with valid expiration date)	1	2	3	////	////	////
1026	Does this facility ever send blood or urine outside the facility for blood chemistries, LFTs, urinalysis, or pregnancy tests?	YES1 NO2			→1028		

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1027	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	a) SEND SPECIMAN OUTSIDE FOR TEST		b) RECORD OF TEST RESULTS OBSERVED			
		YES	NO	YES	NO		
01	Blood chemistries (serum creatinine and glucose)	1→b	2 ↓ 02	1	2		
02	Liver Function Test (LFT)	1→b	2 ↓ 03	1	2		
03	Urinalysis	1→b	2 ↓ 04	1	2		
04	Pregnancy test	1→b	2 ↓ 1028	1	2		
1028	Does this facility ever perform tests for parasitology, bacteriology, or stool microscopy?	YES 1 NO 2 →1030					
1029	Please tell me if any of the following test equipment is available with all items needed for the test, and if the equipment is in working order.	(A) AVAILABILITY			(B) FUNCTION		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	Light microscope	1	2	3 ↓ 02	1	2	8
02	Electron microscope	1	2	3 ↓ 03	1	2	8
03	Refrigerator in lab area	1	2	3 ↓ 04	1	2	8
04	Incubator	1	2	3 ↓ 05	1	2	8
05	Centrifuge for CSF microscopy	1	2	3 ↓ 06	1	2	8
06	Test tubes	1	2	3	////////	////////	////////
07	Culture medium	1	2	3	////////	////////	////////
08	Glass covers and slides	1	2	3	////////	////////	////////
09	Formal saline (for concentration method stool test)	1	2	3	////////	////////	////////
10	Normal saline (for direct microscopy)	1	2	3	////////	////////	////////
11	Lugol's iodine / Lugol's solution	1	2	3	////////	////////	////////
12	Geimsa stain	1	2	3	////////	////////	////////
13	PCR for Chlamydia	1	2	3	////////	////////	////////
1030	Does this facility do any MALARIA tests on site, i.e., in the facility?	YES NO →1032					

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1031	Please tell me if any of the following stains or test kits are available and if there is at least one with a valid expiration date.	(A) AVAILABILITY			(B) FUNCTION		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	Giemsa stain	1	2	3	////////	////////	////////
02	Field stain	1	2	3	////////	////////	////////
03	Acridine Orange (AO microscope, and acridine orange stain)	1	2	3 ↓ 04	1	2	3
04	MALARIA RAPID DIAGNOSTIC TEST KIT (RDT)	1	2	3	////////	////////	////////
1032	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?	YES NO			→1034		
1033	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	a) SEND SPECIMAN OUTSIDE FOR TEST		b) RECORD OF TEST RESULTS OBSERVED			
		YES	NO	YES	NO		
01	Gram stain	1→b	2 ↓ 02	1	2		
02	Indian ink stain	1→b	2 ↓ 03	1	2		
03	Malaria	1→b	2 ↓ 04	1	2		
04	Specimen for culture	1→b	2 ↓ 1034	1	2		
1034	Does this facility conduct any syphilis testing, including the syphilis RDT, in the facility?	YES1 NO2			→1036		
1035	Please tell me if any of the following stains or test kits are available and if there is at least one with a valid expiration date.	(A) AVAILABILITY			(B) FUNCTION		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DK
01	VDRL (Venereal Disease Research Laboratory blood test for syphilis)	1	2	3 ↓ 02	1	2	3
02	PCR FOR STI'S (CTN) (culture cytotoxin neutralization)	1	2	3 ↓ 03	1	2	3
03	Rotator or shaker for VDRL	1	2	3 ↓ 04	1	2	3
04	Rapid Plasma Reagin Test (RPR)	1	2	3	////////	////////	////////
05	Syphilis Rapid Test Kit with valid expiration date	1	2	3	////////	////////	////////
1036	Does this facility do any tuberculosis testing on site, i.e., in the facility?	YES1 NO2			→1038		

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1037	Please tell me if any of the following stains or test kits are available and if there is at least one with a valid expiration date.	(A) AVAILABILITY			(B) FUNCTION		
		OBSE RVED	REPORT ED, NOT SEEN	NOT AVAIL ABLE	YES	NO	DK
01	FLUORESCENCE MICROSCOPE (FM)	1	2	3 ↓ 02	1	2	3
	ZIEHL-NEELSON TEST FOR AFB	////////	////////	////////	////////	////////	////////
02	Carbol Fuschin Stain	1	2	3	////////	////////	////////
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1	2	3	////////	////////	////////
04	Methyl Blue Stain	1	2	3	////////	////////	////////
05	Culture/growth medium (e.g., MGIT 960)	1	2	3	////////	////////	////////
06	Biosafety Hood/Cabinet	1	2	3	////////	////////	////////
07	TB Rapid Diagnostic Test with valid expiration date	1	2	3	////////	////////	////////

1038	Does this facility maintain any sputum containers for sputum specimen?	YES 1 NO 2	→1040
1039	May I see a sample sputum container?	OBSERVED 1 REPORTED, NOT SEEN 2	
1040	Does this facility ever send sputum outside the facility for TB testing?	YES 1 NO 2	→NDP
1041	Do you maintain records of results of sputum tests conducted elsewhere?	YES 1 NO 2	→NDP
1042	May I see the record or register?	OBSERVED 1 REPORTED, NOT SEEN 2	
1043	When was the last entry in the register for TB test results?	WITHIN 30 DAYS 1 MORE THAN 30 DAYS AGO 2	

THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)

NAME OF RESPONDENT

CONTACT PHONE NUMBER

MODULE 11: PHARMACEUTICALS AND SUPPLIES

1100	Does this facility store any medicines?	YES 1 NO 2	→NDP
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ASK TO GO TO THE MAIN SITE IN THE FACILITY WHERE ROUTINE MEDICINES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

1101		Antibiotics				
Are any of the following medicines available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID. OBSERVE IF ANY OUT-OF-DATE MEDICINES ARE STOCKED WITH VALID MEDICINES. <i>COMMON NAMES ARE IN ITALICS</i>		OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
01	AMOXICILLIN (AMOXIL) TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5

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Are any of the following medicines available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID. OBSERVE IF ANY OUT-OF-DATE MEDICINES ARE STOCKED WITH VALID MEDICINES. <i>COMMON NAMES ARE IN ITALICS</i>		OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
02	AMOXICILIN/CLAVULINATE (AMOXICLAV)(AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
03	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
04	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
05	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
06	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
07	CEFTRIAZONE (ROCEPHIN) INJECTION (Injectable antibiotic)	1	2	3	4	5
08	CIPROFLOXACIN (CIPROTAB) (2nd-line oral antibiotic)	1	2	3	4	5
09	CO-TRIMOXAZOLE (TABS) [SEPTRIM OR COTRIM](Oral antibiotics-adult formulation)	1	2	3	4	5
10	CO-TRIMOXAZOLE SUSPENSION [SEPTRIM OR COTRIM](Oral antibiotics for children)	1	2	3	4	5
11	DOXYCYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
12	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
13	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
14	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
15	METRONIDAZOLE [FLAGYL] TABLETS [antibiotic/amebecide/antiprotozoal]	1	2	3	4	5
16	METRONIDAZOLE [FLAGYL] INJECTION	1	2	3	4	5
17	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
18	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
19	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
20	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5
1102	ANTIFUNGAL					
01	FLUCONAZOLE	1	2	3	4	5
02	MICONAZOLE (Vaginal Pessaries)	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN (oral suspension)	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5

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Are any of the following medicines available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID. OBSERVE IF ANY OUT-OF-DATE MEDICINES ARE STOCKED WITH VALID MEDICINES. <i>COMMON NAMES ARE IN ITALICS</i>		OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
1103	MATERNAL HEALTH					
	(GO TO DELIVERY AREA TO CHECK ITEMS STORED ONLY IN DELIVERY)					
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
	BLOOD TONICS					
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SUPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL (CYTOTEK) TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
1104	FEVER REDUCING AND PAIN MEDICINES					
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
1105	INTRAVENOUS SOLUTIONS					
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION (NS.09)	1	2	3	4	5
02	RINGERS LACTATE (RL)	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE (D5NS)	1	2	3	4	5
CHECK STOCK RECORDS FOR THE FOLLOWING AND INDICATE IF THERE HAS BEEN ANY STOCKOUT DURING THE PAST 6 MONTHS AND CHECK WHETHER STOCK RECORDS ARE UP-TO-DATE BY COMPARING PHYSICAL INVENTORY WITH RECORD (REPLACE WITH NEXT DRUG IN LIST THAT IS AVAILABLE IF ITEM IS NOT IN STOCK)						
1106	MEDICINE	a) ANY STOCK OUT PAST 6M			b) RECORDS UP-TO-DATE	
		YES	NO	DK	YES	NO
01	METRONIDAZOLE TABLETS	1	2	8	1	2
02	TETRACYCLINE TABS	1	2	8	1	2
03	AMOXACILLIN TABS	1	2	8	1	2
04	CHECK ALL OF THE 3 DRUGS IN Q1106. WERE ANY EXPIRED?	YES.....1 NO.....2				
05	WERE ANY OTHER EXPIRED DRUGS FOUND ON THE SHELVES WHEN CHECKING FOR AVAILABILITY?	YES.....1 NO.....2				
STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES						
OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING.						

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1107	MEDICINE STORAGE CONDITIONS.		YES	NO		
01	ARE THE MEDICINES OFF THE FLOOR?		1	2		
02	ARE THE MEDICINES PROTECTED FROM WATER		1	2		
03	ARE THE MEDICINES PROTECTED FROM THE SUN?		1	2		
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCK ROACHES, ETC)?		1	2		
05	IS THE STORAGE ROOM WELL VENTILATED?		1	2		
06	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?		1	2		
1108	DESCRIBE THE MAIN MEDICINE STORAGE AREA—A DEDICATED ROOM MAY INCLUDE ANY TYPES OF DRUGS AND STOCK CONSUMABLE SUPPLIES	CABINET WITHOUT BROKEN WALLS/SHELVES/DOORS..... 1 DEDICATED ROOM WITH UNBROKEN WALLS AND CEILING..... 2 DEDICATED ROOM WITH BROKEN WALLS/CEILING.... 3 NO DEDICATED ROOM 4				
1109	IS ACCESS TO THE MEDICINE STORAGE AREA LIMITED?	YES 1 NO 2				
1110	CAN THE MEDICINE STORAGE AREA BE LOCKED?	YES 1 NO 2				
1111a	Where is the main storage area for contraceptive methods in this facility?	FAMILY PLANNING SERVICE AREA 1 OUTSIDE FP SERVICE AREA..... 2 NO FP COMMODITIES 3			→1112 →1112	
CONTRACEPTIVE METHODS						
1111b	Are any of the following items available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES	1	2	3	4	5
05	MALE CONDOMS	1	2	3	4	5
06	FEMALE CONDOMS	1	2	3	4	5
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3	4	5
08	IMPLANT	1	2	3	4	5
09	EMERGENCY CONTRACEPTIVE PILLS	1	2	3	4	5
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	4	5

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1112	Where is the main site for storing TB medicines in this facility?	TB SERVICE AREA1 OUTSIDE TB SERVICE AREA2 NO TB MEDICINES.....3		→1114		
COLLECT THE INFORMATION ON TB MEDICINES FROM THE MAIN STORAGE AREA FOR TUBERCULOSIS MEDICINES IN THE FACILITY						
	Are any of the following items available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
1113	TUBERCULOSIS					
01	ETHAMBUTOL TABS	1	2	3	4	5
02	ISONIAZID TABS	1	2	3	4	5
03	PYRAZINAMIDE	1	2	3	4	5
04	RIFAMPICIN	1	2	3	4	5
05	ISONIAZID + RIFAMPICIN	1	2	3	4	5
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1	2	3	4	5
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1	2	3	4	5
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1	2	3	4	5
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC) [COARTEM]	1	2	3	4	5
10	STREPTOMYCIN INJECTABLE	1	2	3	4	5
1114	Where is the main site for storing antiretroviral medicines in this facility?	ART SERVICE AREA.....1 OUTSIDE ART SERVICE AREA....2 NO ART MEDICINES3		→1116 →1116		
1115	Is there currently space where ARVs can be stored if ART is started in the facility?	YES.....1 NO2		→1125 →1125		
COLLECT THE INFORMATION ON ART MEDICINES FROM THE MAIN STORAGE AREA FOR ANTIRETROVIRAL MEDICINES IN THE FACILITY						
1116	Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs					
01	ZIDOVUDINE (ZDV, AZT) TABLET	1	2	3	4	5
02	ZIDOVUDINE (ZDV, AZT) SYRUP	1	2	3	4	5
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5
04	DIDANOSINE (DDL) TABLETS	1	2	3	4	5
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5
06	LAMIVUDINE (3TC) SYRUP	1	2	3	4	5
07	STAVUDINE 30 (D4T)	1	2	3	4	5
08	STAVUDINE SYRUP	1	2	3	4	5
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5
10	EMTRICITABINE (FTC)	1	2	3	4	5
1117	Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs					
01	NEVIRAPINE (NVP) TABLETS	1	2	3	4	5
02	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	2	3	4	5
04	EFAVIRENZ (EFV) SYRUP	1	2	3	4	5

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	Are any of the following items available in the facility today? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILABLE
05	DELAVIDINE (DLV)	1	2	3	4	5
1118	Protease Inhibitor ARVs					
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIR (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
1119	Fusion Inhibitor or Combined ARVs					
01	ENFUVIDITE (T-20)	1	2	3	4	5
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5
1120	DESCRIBE THE MAIN ANTIRETROVIRAL STORAGE AREA—A DEDICATED ROOM MAY INCLUDE ANY TYPES OF DRUGS AND STOCK CONSUMABLE SUPPLIES	CABINET.....1 DEDICATED ROOM WITH UNBROKEN WALLS AND CEILING.....2 DEDICATED ROOM WITH BROKEN WALLS/CEILING....3 NO DEDICATED ROOM.....4				
1121	IS ACCESS TO THE ARV STORAGE AREA LIMITED?	YES.....1 NO.....2				
1122	CAN THE ARV STORAGE AREA BE LOCKED?	YES.....1 NO.....2				

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CHECK STOCK RECORDS FOR THE FOLLOWING AND INDICATE IF THERE HAS BEEN ANY STOCKOUT DURING THE PAST 6 MONTHS AND CHECK WHETHER STOCK RECORDS ARE UP-TO-DATE

1123	ARV	a) ANY STOCK OUT PAST 6M			b) RECORDS UP-TO-DATE	
		YES	NO	DK	YES	NO
01	ZIDOVUDINE	1	2	8	1	2
02	NEVIRAPINE SYRUP	1	2	8	1	2
03	COMBINATION OF AZT+3TC+EFV	1	2	8	1	2

STORAGE CONDITION: ANTIRETROVIRAL MEDICINES

OBSERVE THE MAIN LOCATION WHERE THE ANTIRETROVIRALS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING.

1124	STORAGE CONDITIONS.	YES	NO	
01	ARE THE ARVS OFF THE FLOOR?	1	2	
02	ARE THE ARVS PROTECTED FROM WATER	1	2	
03	ARE THE ARVS PROTECTED FROM THE SUN?	1	2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCK ROACHES, ETC)?	1	2	
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2	
06	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	1	2	

ASK TO GO TO THE MAIN STORAGE LOCATION FOR CONSUMABLE SUPPLIES LISTED BELOW

1125	Are any of the following items available in the facility today?	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILAB LE, NONE VALID	REPORTED AVAILABLE, NOT SEEN	STOCK OUT TODAY	NEVER AVAILAB L E
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3	4	5
02	INFUSION SET FOR IV SOLUTION	1	2	3	4	5
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3	4	5
04	LATEX GLOVES	1	2	3	4	5
05	ALCOHOL-BASED HAND RUB	1	2	3	4	5
06	HAND WASHING SOAP	1	2	3	4	5
07	DISINFECTING SOLUTION	1	2	3	4	5
08	SAFETY (SHARPS) BOXES	1	2	3	4	5

THANK THE RESPONDENT AND GO TO THE NEXT DATA COLLECTION POINT (NDP)

NAME OF RESPONDENT

CONTACT PHONE NUMBER

FACILITY NUMBER				August 25 2012	INTERVIEWER ID NUMBER		
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Appendix 2: Provider's Interview Questionnaire Aug/ Sept 2012

FACILITY IDENTIFICATION			
NAME OF FACILITY _____			
STATE			
LGA			
FACILITY NUMBER.....			
PROVIDER INTERVIEW NUMBER			

PROVIDER INTERVIEW			
INTERVIEW ALL PROVIDERS OF CLIENT SERVICES WHO ARE PRESENT TODAY IN THIS SERVICE AREA UNTIL YOU HAVE INTERVIEWED SOMEONE WHO PERSONALLY RECEIVED THE TRAINING DESCRIBED IN THIS QUESTIONNAIRE FOR THE SERVICE BEING ASSESSED. THE MOST KNOWLEDGEABLE PROVIDER OF THE SERVICE YOU ARE ASSESSING. ONLY IF THERE ARE NO TRAINED STAFF PRESENT TODAY IS REPORTS OF TRAINING ACCEPTABLE. ASK ALL QUESTIONS IN THE INTERVIEW, FOLLOWING THE SKIPS. DO NOT ONLY ASK FOR THE ONE SERVICE WHERE THE PROVIDER IS WORKING TODAY. I would like to ask you just a few questions about your responsibilities and training you have received during the past 2 years. The training may have been a part of your pre-service training, or in-service training. This should only take a few minutes.			
01	What is your qualification or professional cadre?	PHYSICIAN 01 MEDICAL ASSISTANT 02 PUBLIC HEALTH NURSE 03 NURSE/MIDWIFE 04 COMMUNITY HEALTH OFFICER 05 CHEW 06 JCHEW 07 TRAINED COUNSELOR 08 OTHER 96 (SPECIFY)	
02	Do you provide antenatal care services in this facility?	YES 1 NO 2	→07
03	Have you received any training in ANC in the past two years?	YES 1 NO 2	→05
04	Has any other provider of ANC services received training in ANC in the past two years?	YES 1 NO 2 DON'T KNOW 8	
05	Have you received any training in IPT for malaria in the past two years?	YES 1 NO 2	→07
06	Has any other provider of ANC services received training in IPT for malaria in the past two years?	YES 1 NO 2 DON'T KNOW 8	
07	Do you provide PMTCT services in this facility?	YES 1 NO 2	→14
08	Have you received any training in PMTCT in the past two years?	YES 1 NO 2	→10
09	Has any other provider of PMTCT services received training in PMTCT in the past two years?	YES 1 NO 2 DON'T KNOW 8	
10	Have you received any training in infant and young child feeding in the past two years?	YES 1 NO 2	→12

PROVIDER INTERVIEW			
11	Has any other provider of PMTCT services received training in infant and young child feeding in the past two years?	YES 1 NO 2 DON'T KNOW 8	
12	Have you received any training in early child diagnosis of AIDS in the past two years?	YES 1 NO 2	→14
13	Has any other provider of PMTCT services received training in early child diagnosis of AIDS in the past two years?	YES 1 NO 2 DON'T KNOW 8	
14	Do you provide delivery services in this facility?	YES 1 NO 2	→19
15	Have you received any training in delivery services the past two years?	YES 1 NO 2 DON'T KNOW 8	→17
16	Has any other provider of delivery services received training in delivery in the past two years?	YES 1 NO 2 DON'T KNOW 8	
17	Have you received any training in Integrated Management of Pregnancy and Childbirth (IMPAC) in the past two years?	YES 1 NO 2	→19
18	Has any other provider of delivery services received training in Integrated Management of Pregnancy and Childbirth (IMPAC) in the past two years?	YES 1 NO 2 DON'T KNOW 8	
19	Do you provide family planning counseling or prescribe family planning methods in this facility?	YES 1 NO 2	→24
20	Have you received any training in family planning counseling or prescription of family planning methods in the past two years?	YES 1 NO 2	→22
21	Has any other provider of family planning services received training in counseling or prescribing family planning methods in the past two years?	YES 1 NO 2 DON'T KNOW 8	
22	Have you received any training in adolescent sexual and reproductive health in the past two years?	YES 1 NO 2	→24
23	Has any other provider of family planning services received training in adolescent sexual and reproductive health in the past two years?	YES 1 NO 2 DON'T KNOW 8	
24	Do you provide STI diagnostic or treatment services in this facility?	YES 1 NO 2	→27
25	Have you received any training in STI diagnosis or treatment in the past two years?	YES 1 NO 2	→27
26	Has any other provider of STI services received training in STI diagnosis or treatment in the past two years?	YES 1 NO 2 DON'T KNOW 8	
27	Do you provide any counseling services for HIV testing or HIV testing in this facility?	YES 1 NO 2	→35
28	Have you received any training in counseling for HIV testing in the past two years?	YES 1 NO 2	→30
29	Has any other provider of HIV counseling or testing services received training in counseling for HIV testing in the past two years?	YES 1 NO 2 DON'T KNOW 8	
30	Do you yourself conduct the HIV test in this facility?	YES 1 NO 2	→33
31	Have you received any training in conducting the HIV test in the past two years?	YES 1 NO 2	→33

PROVIDER INTERVIEW			
32	Has any other provider of HIV testing services received training in conducting the HIV test in the past two years?	YES 1 NO 2 DON'T KNOW 8	
33	Have you received any training in HIV/AIDS prevention, care, and management for adolescents in the past two years?	YES 1 NO 2	→ 35
34	Has any other provider of HIV counseling or testing services received training in HIV/AIDS prevention, care, and management for adolescents in the past two years?	YES 1 NO 2 DON'T KNOW 8	
35	Do you provide ART prescription services in this facility?	YES 1 NO 2	→ 38
36	Have you received any training in ART prescription and management the past two years?	YES 1 NO 2	→ 38
37	Has any other provider of ART prescription services received training in ART prescription and management in the past two years?	YES 1 NO 2 DON'T KNOW 8	
38	Do you provide care and support services for clients with AIDS, including follow up for clients on ART in this facility?	YES 1 NO 2	→ 41
39	Have you received any training in the clinical management of HIV/AIDS including treatment of opportunistic infections or palliative care in the past two years?	YES 1 NO 2	→ 41
40	Has any other provider of services for clinical management of HIV/AIDS received training in the clinical management of HIV/AIDS including treatment of opportunistic infections or palliative care in the past two years?	YES 1 NO 2 DON'T KNOW 8	
41	Do you provide any TB services in this facility? This includes diagnosis, treatment, or follow up of clients with TB	YES 1 NO 2	→ ☐ ☐ ☐ D
42	Have you received any training in TB diagnosis or treatment in the past two years?	YES 1 NO 2	→ 44
43	Has any other provider of TB services received training in TB diagnosis or treatment in the past two years?	YES 1 NO 2 DON'T KNOW 8	
44	Have you received any training in TB infection control in the past two years?	YES 1 NO 2	→ 46
45	Has any other provider of TB services received training in TB infection control in the past two years?	YES 1 NO 2 DON'T KNOW 8	
46	Have you received any training in management of HIV and TB co-infections in the past two years?	YES 1 NO 2	→ 48
47	Has any other provider of TB services received training in management of HIV and TB co-infections in the past two years?	YES 1 NO 2 DON'T KNOW 8	
48	Have you received any training in MDR-TB treatment or identification of need for referral in the past two years?	YES 1 NO 2	→ END
49	Has any other provider of TB services received training in MDR-TB treatment or identification of need for referral in the past two years?	YES 1 NO 2 DON'T KNOW 8	
THANK YOUR RESPONDENT AND INTERVIEW NEXT PROVIDER IN THIS SERVICE AREA OR CONTINUE TO NEXT MODULE			

Appendix 3: Calculation and Computation of the Antiretroviral Therapy Prioritization Score

Antiretroviral Therapy (ART) Score	
Appendix 2 provides a summary score adding the “need” and the “supportive conditions” scores. See the methods section for more description of the thought process behind construction and scoring each index. The calculation of “need” and “supportive conditions” scores are presented below:	
ART Priority by Need	
The “need” indicator for each facility is calculated through summation of a number of data elements consider rationale to determine the need of population being served by each facility. The indicators for “need” for ART services were as follows:	
1	<u>ART service need score (range 0–20)</u> : Sum of scores for HCT HIV test positivity + outpatient caseload + professional staff + distance to nearest ART service site.
2	<u>HCT HIV test sero-conversion score (range 0–6)</u>: The positivity rate is number of positive HIV tests for HIV Counselling and Testing (HCT) services during the past 3 full months divided by number of HIV tests reported for HCT services during the past 3 full months. The positivity rate categories used are the four categories used by UNAIDS for reports on Nigeria. Each category was scored from 1 (lowest) to 4 (highest) and then multiplied by 1.5 in order to increase the value of the positivity rate to the overall score. This resulted in the following values for the index: • 6 (positivity rate $\geq .08$) • 4.5 (rate $< .08$ and $\geq .068$) • 3 (rate $< .068$ and $\geq .041$) • 1.5 (rate $< .041$).
3	<u>Outpatient caseload (range 1–4)</u>: Total number of adults and children who received outpatient (curative or consultation) services during the past 3 full months. The caseload was categorized into 4 groups resulting in the following values for the index: • 4 (number ≥ 1000) • 3 (number 500–999) • 2 (number 100–499) • 1 (number 0–99).
4	<u>Professional staff (range 0–5)</u>: Sum of number of doctors, Medical Assistants, and professional nursing/midwives assigned full-time to the facility. The number of professional staff were categorized into 5 groups resulting in the following values for the index: • 5 (5 or more professional staff) • 4 (4 professional staff) • 3 (3 professional staff) • 2 (2 professional staff) • 1 (1 professional staff) • 0 (no professional staff).
5	<u>Distance to nearest ART services (range 0–5)</u>: The amount of time reported to travel to the nearest site for ART prescription services, using most common method of transportation. The reported time was categorized into 5 groups resulting in the following values for the index: • 5 (> 60 minutes) • 4 (31–60 minutes) • 3 (15–30 minutes) • 2 (< 15 minutes) • 1 (this facility).

ART Priority by “Supportive Conditions”

The indicators for supportive conditions for ART services were as follows:

1	<u>ART service support score (range 0–23)</u> : Sum of scores for HCT services offered + 2 x percent quality HCT service score + PMTCT services + CD4/Viral load capacity + 2 x percent diagnostic testing service score + community links + donor/NGO support + drug storage conditions + drug management practices + planning for ART services.
2	<u>HCT services offered (range 0–1)</u> : Facility reports providing both counseling and testing services at client request.
	<u>Quality score for HCT services (range 0–2)</u> : In order to increase the value of the quality score for HCT services in the index, the percent of all quality items achieved was multiplied by 2. The quality score measures the percent of 10 HCT service quality indicators available. The HCT quality indicators used are: 1. HCT test counselling services reported provided in the facility for 12 or more months 2. HCT testing services reported provided in the facility for 12 or more month 3. National VCT guidelines observed 4. Written confidentiality and disclosure guidelines observed 5. Visual and auditory privacy in the service area (the interviewer observes that a site that allows both visual and auditory privacy is available and in close enough proximity that it can be routinely used for HCT services when needed) 6. HIV test observed in facility 7. HIV rapid test (RT) observed and carried out in the HCT service area 8. Standard precaution conditions (hand washing capacity—either soap and running water or hand disinfectant, latex gloves, sharps container, surface disinfectant, medical waste disposal container with foot pedal for lid and plastic lining) observed in close enough proximity to the RT service area such that they can be routinely utilized for the HIV testing conditions 9. Condoms observed in HCT service area to provide to clients 10. Standard (national or equivalent) register for HCT information observed utilized for HCT services and at least one provider of HCT services is reported by HCT staff to have received related training during the past 2 years
3	<u>PMTCT services (range 0–1)</u> : PMTCT services offered in the facility meet the following conditions: • routine services include providing preventive ARV for pregnant woman • a first line PMT CT ARV regimen is observed available • nevirapine syrup for infant ARV is observed available • a standard (national or equivalent) register for PMTCT information is observed utilized for PMTCT services
4	<u>CD4 or Viral Load (VL) test capacity (range 0–1)</u> : Either the facility has capacity to conduct tests or has an observed documented system for sending blood out and receiving results.
5	<u>Diagnostic testing service score (range 0–2: percent x 2)</u> : Percent of 7 diagnostic service indicators available (either the facility can perform the test or there is a documented system for sending specimen outside for testing and receiving results). Diagnostic items: • HIV (any type of test) • Malaria (microscopic blood smear or rapid test) • Tuberculosis (TB) (sputum smear or rapid test) • Haemoglobin (any type of test) • CD4 • Pregnancy • Microscopic exam (functioning microscope, slides and slide covers observed)
6	<u>Community links (range 0–3)</u> : Sum of number of items facility reports. Items: • Links with community health workers (CHWs) • CHWs are reported to carry out HIV related services • Links with NGO (including FBO/CBO) providing health, psycho-socio, or economic help to clients
7	<u>Donor/NGO support (range 0–2)</u> : Sum of number of items facility reports. Items: • Facility receives HIV related technical assistance • Facility receives funds from NGOs/donors.

8	<u>Quality score for PMTCT services (range 0–2)</u>: In order to increase the value of the quality score for HCT services in the index, the percent of all quality items achieved was multiplied by 2. The quality score measures the percent of 22 PMTCT service quality indicators available. Items: 1. PMTCT services reported provided in the facility for 12 or more months 2. National PMTCT guidelines observed 3. Infant and young child feeding (for HIV-positive mother) guidelines observed 4. Visual and auditory privacy in the service area (the interviewer observes that a site that allows both visual and auditory privacy is available and in close enough proximity that it can be routinely used for PMTCT services when needed) 5. HIV test observed in facility 6. HIV rapid test (RT) observed and carried out in the PMTCT service area 7. Standard precaution conditions (hand washing capacity—either soap and running water or hand disinfectant, latex gloves, sharps container, surface disinfectant, medical waste disposal container with foot pedal for lid and plastic lining) observed in close enough proximity to the RT service area such that they can be routinely utilized for the HIV testing conditions 8. A standard (national or equivalent) register for PMTCT information is observed utilized for PMTCT services 9. At least one provider of PMTCT services is reported by PMTCT staff to have received related training during the past 2 years Reported PMTCT service components: 10. HCT for mother 11. HIV test for new-born of positive mother 12. Preventive ARV for mother 13. Preventive ARV for new-born 14. Provide PMTCT relevant counselling infant and young child feeding (IYCF) 15. Provide counselling on nutritional for HIV positive woman 16. Provide family planning/birth spacing (FP/BS) counselling for PMTCT Resources available—observed evidence of: 17. Records documenting when mother receives ARV 18. Records documenting when new-born is tested for HIV 19. First-line ARV regimen available 20. Other regimen (AZT, NVP, AZT&3TC) for facilities with less capacity available 21. Nevirapine syrup for infant 22. Dried blood-spot HIV test available (for infant)
9	<u>Good drug storage conditions (range 0–1)</u>: Main site for general drug/commodity storage is observed to meet all the following conditions: commodities are off the floor, storage area is dry, out of sun, no evidence of pests/rodents, well ventilated, storage area structure sound (room or cabinet in good structural condition), limited access (no one can enter/has access to the commodities without authorization), and can be locked.
10	<u>Good drug management practices (range 0–1)</u>: General drug/commodity management practices observed include all of the following: Drugs are arranged first-in-first out, no expired drugs observed with other drugs; stock records are up to date.
11	<u>Planning for ART service initiation/expansion (range 0–7)</u>: Sum of number of items facility reports for preparation for starting or expanding ART services: • There has been discussion about either initiating ART follow-up or prescription services • At least one staff is trained in some aspect of ART • A person has been selected to be the ART service manager • Facility reports active plans to increase staff (or else reports that no extra staff will be needed) • Additional staff have been approved (or no extra staff are needed) • A site with visual and auditory privacy is reported available for ART services • Facility reports there is adequate space and conditions (as per conditions assessed for general drug/commodity storage under the good drug management practices) for storing ARVs

Appendix 4: Calculation and Computation of the Prevention of Mother-to-Child Transmission (PMTCT) of HIV Prioritization Score

Prevention of Mother-to-child Transmission (PMTCT) of HIV Prioritization Score

Appendix 3 provides a summary score adding the “need” and the “supportive conditions” scores, as well as how the “need” and “supportive conditions” scores are derived. See the methods section for more description of the thought process behind construction and scoring each index. The calculation of “need” and “supportive conditions” scores are presented below:

PMTCT Priority by Need

The “need” indicator for each facility is generated using the data items described below:

1	<i>PMTCT service need score (range from 0–20)</i> : Sum of scores for HCT HIV test positivity + PMTCT HIV test positivity + average number of new antenatal care (ANC) clients per month + facility reports PMTCT services offered without providing the ARV (x4) + distance to nearest ART service site + number of professional/CHO/CHEW staff assigned
2	<i>HCT service HIV test sero-conversion (range 0–6)</i> : The sero-conversion rate is number of positive HIV tests for HIV Counselling and Testing (HCT) services during the past 3 full months divided by number of HIV tests reported for HCT services during the past 3 full months. The positivity rate categories used are the four categories used by UNAIDS for reports on Nigeria. Each category was scored from 1 (lowest) to 4 (highest) and then multiplied by 1.5 in order to increase the value of the positivity rate to the overall score. This resulted in the following values for the index: • 6 (positivity rate $\geq .08$) • 4.5 (rate $< .08$ and $\geq .068$) • 3 (rate $< .068$ and $\geq .041$) • 1.5 (rate $< .041$).
3	<i>PMTCT service HIV test sero-conversion (range 0–6)</i> : The sero-conversion rate is number of positive HIV tests based on the HIV testing services for PMTCT clients during the past 3 full months divided by number of HIV tests reported for HCT services during the past 3 full months. The positivity rate categories used are the four categories used by UNAIDS for reports on Nigeria. Each category was scored from 1 (lowest) to 4 (highest) and then multiplied by 1.5 in order to increase the value of the positivity rate to the overall score. This resulted in the following values for the index • 6 (positivity rate $\geq .08$) • 4.5 (rate $< .08$ and $\geq .068$) • 3 (rate $< .068$ and $\geq .041$) • 1.5 (rate $< .041$)
4	<i>Average monthly number of new ANC clients (range 0–3)</i> : Derived from 6 months of data. Category scores: • 0 (less than 1 new ANC client per month) • 1 (1–49 new ANC clients per month) • 2 (40–99 new ANC clients per month) • 3 (100 or more new ANC clients per month)
5	<i>PMTCT services no ARV (range 0–4)</i> : The facility reports routinely offering HCT for pregnant women and referring positive women to another site for their preventive ARV.

6	Distance to nearest ART services (range 0–5): The amount of time reported to travel to the nearest site for ART prescription services, using most common method of transportation. The reported time was categorized into 5 groups resulting in the following values for the index: • 5 (> 60 minutes) • 4 (31–60 minutes) • 3 (15–30 minutes) • 2 (< 15 minutes) • 1 (this facility).
7	Availability of staff that can be trained for PMTCT services (range 0–5): Sum of number of doctors, Medical Assistants, professional nurses/ midwives, community health officers, and community health extension workers assigned full-time to the facility. Category scores: • 5 (5 or more staff) • 4 (4 staff) • 3 (3 staff) • 2 (2 staff) • 1 (1 staff) • 0 (no staff of these cadre).

PMTCT Priority by “Supportive Conditions”

The indicators for supportive conditions for PMTCT services were as follows:

1	Rapid test performed onsite for HCT services; for PMTCT services.
2	<u>Percent quality HCT services</u>: Aggregate variable: In order to increase the value of the quality score for HCT services in the index, the percent of all quality items achieved was multiplied by 2. The quality score measures the percent of 10 HCT service quality indicators available. The HCT quality indicators used are: 1. HCT test counselling services reported provided in the facility for 12 or more months 2. HCT testing services reported provided in the facility for 12 or more month 3. National VCT Guidelines observed 4. Written confidentiality and disclosure guidelines observed 5. Visual and auditory privacy in the service area (the interviewer observes that a site that allows both visual and auditory privacy is available and in close enough proximity that it can be routinely used for HCT services when needed) 6. HIV test observed in facility 7. HIV rapid test (RT) observed and carried out in the HCT service area 8. Standard precaution conditions (hand washing capacity—either soap and running water or hand disinfectant, latex gloves, sharps container, surface disinfectant, medical waste disposal container with foot pedal for lid and plastic lining) observed in close enough proximity to the RT service area such that they can be routinely utilized for the HIV testing conditions 9. Condoms observed in HCT service area to provide to clients 10. Standard (national or equivalent) register for HCT information observed utilized for HCT services and at least one provider of HCT services is reported by HCT staff to have received related training during the past 2 years
3	<u>Community links</u>: Aggregate variable. Sum of number of items facility reports. Items: • links with community health workers (CHWs) • CHWs are reported to carry out HIV related services • links with NGO (including FBO/CBO) providing health, psycho-socio, or economic help to clients.
4	<u>Donor/NGO support</u>: Aggregate variable (0–2): Sum of number of items facility reports. Items: • facility receives HIV related technical assistance • facility receives funds from NGOs/donors.
5	<u>Good drug storage conditions</u>: Main site for general drug/commodity storage is observed to meet all the following conditions: commodities are off the floor, storage area is dry, out of sun, no evidence of pests/rodents, well ventilated, storage area structure sound (room or cabinet in good structural condition), limited access (no one can enter/has access to the commodities without authorization), and can be locked.

6	<i>Delivery services in facility:</i> If only home-deliveries, this is not counted.
7	<i>Good drug management practices:</i> General drug/commodity management practices observed include all of the following: Drugs are arranged first-in-first out, no expired drugs observed with other drugs, stock records are up to date.
8	<i>Planning for PMTCT service initiation/expansion (range 0–7):</i> Sum of number of items facility reports for preparation for starting or expanding PMTCT services: • There has been discussion about initiating PMTCT services or expanding them to include ARVs • At least one staff is trained in some aspect of PMTCT • A person has been selected to be the PMTCT service manager • Facility reports active plans to increase staff (or else reports that no extra staff will be needed) • Additional staff have been approved (or no extra staff are needed) • A site with visual and auditory privacy is reported available for PMTCT services • Facility reports there is adequate space and conditions (as per conditions assessed for general drug/commodity storage under the good drug management practices) for storing ARVs for PMTCT
9	<i>Percent quality PMTCT services:</i> Aggregate variable: In order to increase the value of the quality score for HCT services in the index, the percent of all quality items achieved was multiplied by 2. The quality score measures the percent of 22 PMTCT service quality indicators available. Items: 1. PMTCT services reported provided in the facility for 12 or more months 2. National PMTCT Guidelines observed 3. Infant and young Child Feeding (for HIV positive mother) guidelines observed 4. Visual and auditory privacy in the service area (the interviewer observes that a site that allows both visual and auditory privacy is available and in close enough proximity that it can be routinely used for PMTCT services when needed) 5. HIV test observed in facility 6. HIV rapid test (RT) observed and carried out in the PMTCT service area 7. Standard precaution conditions (hand washing capacity—either soap and running water or hand disinfectant, latex gloves, sharps container, surface disinfectant, medical waste disposal container with foot pedal for lid and plastic lining) observed in close enough proximity to the RT service area such that they can be routinely utilized for the HIV testing conditions 8. A standard (national or equivalent) register for PMTCT information is observed utilized for PMTCT services 9. At least one provider of PMTCT services is reported by PMTCT staff to have received related training during the past 2 years Reported PMTCT service components: 10. HCT for mother 11. HIV test for new-born of positive mother 12. Preventive ARV for mother 13. Preventive ARV for new-born 14. Provide PMTCT relevant counselling infant and young child feeding (IYCF) 15. Provide counselling on nutritional for HIV positive woman 16. Provide family planning/birth spacing (FP/BS) counselling for PMTCT Resources available—observed evidence of: 17. Records documenting when mother receives ARV 18. Records documenting when new-born is tested for HIV 19. First-line ARV regimen available 20. Other regimen (AZT, NVP, AZT&3TC) for facilities with less capacity available 21. Nevirapine syrup for infant 22. Dried blood-spot HIV test available (for infant)

Appendix 5: Operational Definitions of the Indicators/ Data Elements Used in the Individual Facility Profile

Line	Item	Definition
Services		
8	Antenatal care	Facility reports providing service in facility.
9	Delivery services	Facility reports providing normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services service in facility.
10	Family planning/birth spacing	Facility reports providing any birth-spacing (family planning) services including modern methods, natural family planning, male or female surgical sterilization.
11	HIV Counseling and Testing	Both counseling and HIV testing provided in facility for general population on walk-in basis.
12	PMTCT (no ARV)	Facility reports offering PMTCT services that include routine counseling on nutrition, infant and young child feeding (IYCF), or family planning for PMTCT AND includes routine HIV testing for ANC clients.
13	PMTCT (Provide ARV for woman)	Facility reports offering PMTCT services that include HIV testing in the facility and providing ARV preventive therapy at least for the positive pregnant woman.
14	Antiretroviral Therapy client follow up (No ART)	Facility follow-ups the ART client for compliance with taking drugs and following up on appointments. May or may not treat illnesses in the client. May be facility or community-based service.
15	Antiretroviral Therapy (ART) prescription	Facility determines if client is eligible for ART, writes the initial ART prescription and supplies/prescribes the medicines. Facility changes the ART regimen if needed.
16	Care and Support for HIV/AIDS clients	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care.
17	Sexually transmitted infections	Facility reports providing service in facility as a primary service (e.g., not only with ANC or FP).
18	Tuberculosis client follow-up	Facility follow-ups the TB client for compliance with taking drugs and following up on appointments. May be facility or community-based service.
19	Tuberculosis diagnosis and prescription	Facility determines if client has a diagnosis of TB, writes the initial TB treatment prescription and supplies/prescribes the medicines. Facility changes the TB treatment regimen if needed.
Percent present day of survey		
28	Total staff (all clinical and non-clinical and support)	Percent of all staff present the day of the survey: There are legitimate reasons staff may not be present. For example, if the facility staff rotates for 24 hours, staff may be on leave or away for training. What is important is to look for patterns and outliers, by facility type.
Overnight services		
29	24 hours staff and duty schedule observed	Facility reports 24 hour services with staff either onsite or on-call, and there is an observed duty schedule for the 24 hour coverage. If staff are officially on-call or on duty for 24 hours there should be a written duty schedule. If there is not a written schedule, the reliability of the staffing system and obligation to be present cannot be evaluated or supervised.
30	Number of beds for overnight care	These may be overnight observation beds in a facility that does not offer inpatient care, or may be inpatient beds. These do not include beds that are exclusively for delivery or maternity clients.

Line	Item	Definition
Budget		
<i>Respondent was asked if s/he did not know the information to identify the best person in the facility who could provide answers for the budget questions. Results: The facility informant was asked about information on the budget. Very few informants reported that they know their official approved 2012 budget, and among the few who did know their official approved budget almost none knew what proportion of the budget had been received to date. Among the facilities that did not report knowing their budget, few reported having received any money for facility running costs and management to date.</i>		
31	Knows official 2012 budget	Respondent was asked if the facility knows the official 2012 budget.
32	Percent of official budget received	For facilities that reported knowing the official budget
33	Amount of money received by facility during 2012, as of August 30, 2012	For facilities that did not know the official budget. The question asked the respondent to exclude money received for routine salaries.
34	Any source of funds other than from official managing authority	This question referred to additional funds from local government, NGOs, donors, etc. Results: Few facilities reported that they received any budget from donors, NGOs, or other sources other than their managing authority.
General service client caseload		
35	New antenatal care clients (average monthly for past 6 months)	Records for the past 6 months were reviewed to identify new ANC clients. The average was calculated for the profile because not all facilities were able to provide information for 6 months. The information is from observed summary reports or registers.
36	Total outpatient visits past 3 full months	This included adults and children who visited for consultation. The information is from observed summary reports or registers.
HIV clients tested past 3 months		
<i>Note the issues with this information. Where the numbers are missing it means that the register was not available to be reviewed.</i>		
40	PMTCT	Number of PMTCT clients tested for HIV. The information is from observed summary reports or registers.
41	HCT	The question referred to walk-in clients who requested HIV testing. The response, however, often includes the women who received HIV testing for PMTCT [the number of PMTCT and HCT test clients and proportion positive is exactly the same] and sometimes does not. Outreach HIV testing sometimes carried is not usually included. The information is from observed summary reports or registers.
Percent positive		
40	PMTCT	Results are from observed summary reports or registers and are based on the number provided in line 40.
41	HCT	Results are from observed summary reports or registers and are based on the number provided in line 41.
Facility infrastructure and resources		
42	Regular supply electricity or functional generator	a) Facility is connected to main grid or has solar panels, and b) there has not been lack of electricity during normal working hours for more than 2 hours during the past 7 days. Functional generator: Generator is present, is reported to be functional, and fuel is reported to be available the day of the survey.
43	Communication system	The facility has functioning land-line telephone or cellphones where the facility pays for minutes, or has a two-way radio. The objective is to be able to contact persons for technical help, or referral support.
44	Computer with email	Computer functional with access to email the day of the survey.
45	Emergency transportation	The facility has a functional vehicle with fuel on the day of the survey. A reported response was accepted since the vehicle might be out on an emergency and not present when the survey team were present.

Line	Item	Definition
46a	Water (improved water source)	- Improved water source follows the UNICEF and WHO agreed upon definitions: Improved water source includes piped (regardless of source since source is often unknown), tubewell or deep well, standpipe or public tap, protected or non-protected dug well, protected spring, rainwater, bottled water, or may be rain water. - Water from an unprotected spring or surface water (lake, pond, river) is not accepted. Delivered water (in a truck, cart, or "purchased from vendor") is also not accepted since the source is not known. We marked delivered water in orange, so that Nigeria can assess whether to accept this or not based on the general experience with delivered water in the country.
46b	Water source within 500m of facility	Delivered water is marked as "delivered". Piped water is automatically within 500 meters. Rain water is depends on the response (since the location depends on where the collection container is located).
46c	Water present day of survey	Observed result.
47	Client latrine (sanitary)	Sanitary latrine follows the UNICEF and WHO agreed upon definitions. UNICEF definitions include flush, VIP latrine; covered pit latrine with or without slab; composting toilet The latrine had to be functional. Cleanliness was not assessed.
48	Building structure sound	Windows, walls, and roof have no significant breaks/leaks, floor is finished (e.g., cement or wood) so it can be disinfected, and building (or various rooms if an open compound) can be locked.
49	Visual and auditory privacy possible in OPD	The interviewer observes that a site that allows both visual and auditory privacy is available. This may be a private room or a non-private room with sufficient distance between the site and other people that low-volume private discussions are possible.
Diagnostics		
50	Laboratory in facility	Facility has a dedicated site for conducting diagnostic tests and reports having a laboratory.
51	Blood chemistries either onsite or system to receive results	Liver function tests or other blood chemistry examinations (serum creatinine and glucose) can be conducted in the facility (tests are reported and all reagents and equipment are present and functioning the day of the survey) or there is an observed record documenting that specimens are sent outside the facility and results are returned.
52	CD4 or viral load either onsite or system to send out and receive results	CD4 or viral load can be conducted in the facility (tests are reported and all reagents and equipment are present and functioning the day of the survey) or there is an observed record documenting that specimens are sent outside the facility and results are returned.
53	Hemoglobin test onsite	Tests are reported and all reagents and equipment are present and functioning the day of the survey.
54	HIV testing services onsite	Tests are reported and all reagents and equipment are present and functioning the day of the survey.
55	HIV Rapid test	HIV rapid test observed at any location in the facility (e.g., laboratory or HCT, PMTCT or delivery service.
Pharmaceuticals		
56	Pharmacy in facility	Dedicated room for medicine storage.
57	Storage system for medicines is good	Off floor, protected from water and sun, no evidence of rodents/pests, if this is a storage room-it is well ventilated (ventilation n/a for cabinet), stored in cabinet or dedicated room with unbroken walls, and with limited access. Storage area can be locked.
58	Management system for medicines is good	Tracer drugs checked: stock records up to date; no expired medicines, drugs stored first in first out.

Line	Item	Definition
Standard Precautions: Outpatient service site		
<i>Assessed in the main outpatient service area. Items had to be observed in reasonable proximity to the service site that they could reasonably be expected to be routinely used.</i>		
59	Hand washing materials	Either soap and water or hand disinfectant observed.
60	Sharps box	A closed top hard material container for disposing of sharp items.
61	Latex gloves	Either sterile or clean gloves.
62	Surface disinfectant	Most often chlorhexidine.
63	Waste bin (foot pedal/cover/plastic liner)	
Standard Precautions: waste disposal		
64	Functioning incinerator with fuel	The functional status and availability of fuel can be reported.
65	Medical waste: method and practice good	Method: waste is finally disposed by incinerator, in a protected open/covered/buried pit or is removed offsite but stored in a protected setting. Protected refers to having a lid/fence/wall that prevents unauthorized persons or animals from gaining access to the waste. Note: open burning is not accepted by WHO because of the environmental pollution, and also open burning often leaves non-burned items. If the open burning area is protected, we marked orange, to indicate this so that Nigeria can decide on the importance of addressing the issue. Practice: Waste disposal/storage area is protected.
66	Sharps waste: method and practice good	Same as for medical waste.
HMIS systems		
67	M&E Person whose primary work is M&E	Designated person, such as an M&E officer, data manager, who is responsible for recording or collating health services data in this facility.
68	Good storage conditions for HMIS information and reports	Data, records, and/or reports are stored in a separate room or cabinet where conditions are clean, dry. There are shelves for organizing the information, and the site is described by respondent, and assessed by interviewer as adequate. The information storage site can be locked.
Reported planning in facilities offering no PMTCT		
<i>In facilities where there are currently no PMTCT services, the incharge/respondent was asked about planning and discussions about introducing PMTCT services in the facility</i>		
69	Yes, discussing/planning for PMTCT	Report that there are discussions about introducing PMTCT services.
70	Yes, reported have staff trained for PMTCT	The respondent reports there are staff trained in PMTCT.
71	Interviewed staff report trained staff in facility	Interviewed staff either report they themselves are trained in PMTCT or they know another person in the facility who was trained in PMTCT. The answer may not be the same as for (70) depending on the knowledge of the respondent for (70) about all training received by staff, possibly prior to discussions on PMTCT or when working at another facility.
72	PMTCT service manager selected	This shows a commitment to developing the service.
73	Staffing sufficient to add PMTCT	This question relies on the judgment of the respondent.
74	Have requested new staff or plan incentives for PMTCT or no need for additional staff	The question asked about requesting new staff or planned incentives for expanding any HIV services so the same response applies for PMTCT and ART service introduction.
75	New staff approved	The question asked about approval of new staff for expanding any HIV services so the same response applies for PMTCT and ART service introduction.

Line	Item	Definition
76	Private site exists for counseling	Current availability of a site that provides visual and auditory privacy was asked in the ANC service area.
77	ARV storage space exists	Asked in the ANC service area.
<i>Reported Planning in facilities offering no ART prescription services</i>		
78–86	Same definitions as used for reported planning in facilities offering no PMTCT services.	
87	Minutes to access ART prescription services	Respondent was asked to estimate the time to reach site offering ART prescription services using the most common means of transportation.
88	Minutes to access diagnostics for monitoring ART clients	Respondent was asked to estimate the time to reach site offering diagnostics for monitoring ART (e.g., CD4 or blood chemistries) clients using the most common means of transportation.

MEASURE Evaluation

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